Application Cover Page

Name of Clinical Laboratory *(Legal name as it will appear on the contract)*

Business Address *(Street address, P.O. Box, City, State, Zip Code)*

Mailing Address *(Street address, P.O. Box, City, State, Zip Code)*

Person authorized to act as the contact for this clinical laboratory in matters regarding this application:

Printed Name *(First, Last)*:	Title:
Telephone number: ( )	Fax number: ( )

Person authorized to bind this clinical laboratory as the sole proprietor, partner, corporate officer, or government official in matters regarding this application or the resulting contract:

Printed Name *(First, Last)*:	Title:
Telephone number: ( )	Fax number: ( )

Signature of Authorized Representative (sign in blue ink)	Date:

Laboratory Director

Printed Name *(First, Last)*:	Title:

Signature of laboratory director as identified on CLIA certificate (sign in blue ink)	Date:

Person who completed the Application

Printed Name *(First, Last)*:	Title:

Telephone number: ( )	Date:

Signature of Author (sign in blue ink)

Required Attachment / Certification Checklist

Application format and content.		**Confirmed by DHS**
☐ Yes ☐ No	The clinical laboratory complied with the Application format requirements and submitted one original Application, five (5) copies, two (2) redacted copies and one (1) copy of the original on one (1) CD-ROM. My Application is assembled in the following order: 1) 1-CD-ROM 2) 1-Original copy 3) 2-Redacted copies 4) 5-Copies of the original	☐ Yes ☐ No
☐ Yes ☐ No	Application Cover Page (Attachment 1)	☐ Yes ☐ No
☐ Yes ☐ No	Table of Contents	☐ Yes ☐ No
☐ Yes ☐ No	Fiscal and Management Anti-Fraud Activities Section	☐ Yes ☐ No
☐ Yes ☐ No	Clinical Laboratory Compliance Program	☐ Yes ☐ No
☐ Yes ☐ No	Project Personnel Section	☐ Yes ☐ No
☐ Yes ☐ No	Facilities, Resources and Equipment Section	☐ Yes ☐ No
☐ Yes ☐ No	Accessibility Section	☐ Yes ☐ No
☐ Yes ☐ No	Forms Section	☐ Yes ☐ No

Form section with the following attachments / forms:		**Confirmed by DHS**
☐ Yes ☐ No	Attachment 2, Required Attachment /Certification Checklist	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 3, Required Forms and Licenses	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 4, Certification of Qualifications	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 5, Justification Sheet (If applicable)	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 6, Applicant Information Sheet	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 6a; Proof of Liability Insurance	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 6b; Proof of Professional Liability Insurance	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 6c; Proof of Worker's Compensation Insurance	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 7, Certification	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 9, Conflict of Interest Compliance Certificate	☐ Yes ☐ No
☐ Yes ☐ No	Attachment 10, Owner(s)/Laboratory Director(s) Agreement of Terms & Conditions	☐ Yes ☐ No

Name of Clinical Laboratory:	
Printed Name/Title of the person authorized to bind this clinical laboratory as the sole proprietor, partner, corporate officer, or government official:	
Signature (sign in <u>blue</u> ink)	Date:
Printed Name of laboratory director as identified on the CLIA certificate:	
Signature (sign in <u>blue</u> ink)	Date:

REQUIRED FORMS AND LICENSES

Qualification Requirements. I certify that the clinical laboratory submitted the following items: (If No, please explain on Attachment 5.)		Confirmed by DHS
☐ Yes ☐ No	**1.** A copy of the CLIA Laboratory Personnel Report – Form HCFA 209 (Project Personnel Section)	☐ Yes ☐ No
☐ Yes ☐ No	**2.** A copy of the State of California Laboratory Personnel Report – form LAB 116A (Project Personnel Section)	☐ Yes ☐ No
☐ Yes ☐ No	**3.** The name, business address and telephone number of the person(s) or entity responsible for billing during the calendar year of 2003, and provide copies of contractual agreements, if any. (Project Personnel Section)	☐ Yes ☐ No
☐ Yes ☐ No	**4.** The name, business address and telephone number of the person(s) or entity responsible for obtaining new clients for the clinical laboratory and provide copies of contractual agreements, if any. (Project Personnel Section)	☐ Yes ☐ No
☐ Yes ☐ No	**5.** A list of all licensed practitioners who perform the professional component of clinical laboratory tests or examinations for the clinical laboratory separately identifying those licensed practitioners who independently bill for the professional component of clinical laboratory tests or examinations utilizing the CLIA certificate of the Applicant. (Project Personnel Section)	☐ Yes ☐ No
☐ Yes ☐ No	**6.** A copy of the business name, address and CLIA number of any other clinical laboratory where the Contractor's laboratory director also serves as a laboratory director. (Project Personnel Section)	☐ Yes ☐ No
☐ Yes ☐ No	**7.** A copy of the laboratory director's current medical license or license as a bioanalyst or director pursuant to Division 2, Chapter 3, Business and Professions Code. (Project Personnel Section)	☐ Yes ☐ No
☐ Yes ☐ No	**8.** A copy of the contractual agreement between the clinical laboratory and laboratory director. (Project Personnel Section)	☐ Yes ☐ No
☐ Yes ☐ No	**9.** A copy of the local business license. (Facilities, Resources and Equipment Section)	☐ Yes ☐ No
☐ Yes ☐ No	**10.** A copy of the California Clinical Laboratory License. (Facilities, Resources and Equipment Section)	☐ Yes ☐ No
☐ Yes ☐ No	**11.** A copy of the lease agreement for the clinical laboratory's business address. If there is no agreement, submit the name, address and telephone number of the property owner. (Facilities, Resources and Equipment Section)	☐ Yes ☐ No
☐ Yes ☐ No	**12.** A copy of the HIV testing authorization from the State of California, if HIV tests are performed. (Facilities, Resources and Equipment Section)	☐ Yes ☐ No
☐ Yes ☐ No	**13.** A copy of the proficiency test score results for all regulated analytes for the calendar years 2002 and 2003. (Facilities, Resources and Equipment Section)	☐ Yes ☐ No
☐ Yes ☐ No	**14.** A listing of all current third party payors as defined in the Glossary of Terms (See Appendix 1) and a copy of the first page of the latest remittance advice statement received by the clinical laboratory from each third party payor. (Facilities, Resources and Equipment Section)	☐ Yes ☐ No

☐ Yes ☐ No	**15.** A listing of any clinical laboratories the Applicant used as a reference clinical laboratory during calendar year 2003. For each reference clinical laboratory, include the full name as shown on the CLIA certificate, the business address and telephone number of the clinical laboratory, CLIA certificate number. (Facilities, Resources and Equipment Section)	☐ Yes ☐ No
☐ Yes ☐ No	**16.** A copy of the document(s) to support ownership and maintenance of each item of clinical laboratory equipment. (Facilities, Resources and Equipment Section)	☐ Yes ☐ No
☐ Yes ☐ No	**17.** A description of how accessible the clinical laboratory services are to Beneficiaries. (Accessibility Section)	☐ Yes ☐ No

Name of Clinical Laboratory:	
Printed Name/Title of the person authorized to bind this clinical laboratory as the sole proprietor, partner, corporate officer, or government official:	
Signature (sign in <u>blue</u> ink)	Date:
Printed Name of laboratory director as identified on the CLIA certificate:	
Signature (**sign in <u>blue</u> ink**)	Date:

CERTIFICATION OF QUALIFICATIONS

Please answer the following questions: (Provide explanations to any "No" answers on Attachment 5.)	
1. Does the clinical laboratory operate in conformity with Chapter 3 (commencing with Section 1200) of Division 2 of the Business and Professions Code and the regulations adopted thereunder, and Section 263a of Title 42 of the United States Code and the regulations adopted thereunder?	☐ Yes ☐ No
2. Does the clinical laboratory have a current and active Medi-Cal provider number as issued by the Medi-Cal Provider Enrollment Branch of the California Department of Health Services and meets the Medi-Cal Standards for Participation as described in Title 22, California Code of Regulations, commencing with Section 51200 and meet the enrollment requirements as set forth in the Welfare and Institutions Code, commencing with Section 14043, and the regulations adopted thereunder, including the new Section 51200.01, Established Place of Business?	☐ Yes ☐ No
3. Is the clinical laboratory in compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 regarding security and privacy of protected health information and the use of industry-wide standards for health care information?	☐ Yes ☐ No
4. The clinical laboratory is willing to comply with the terms, conditions and contract exhibits addressed in the RFA Section "N" entitled, "Contract Terms and Conditions".	☐ Yes ☐ No
5. (Corporations) The clinical laboratory is in good standing and qualified to conduct business in California.	☐ Yes ☐ No

Has the clinical laboratory or any of its owners as defined in Appendix 8, or laboratory director been convicted of the following conduct, been found liable in any civil proceeding or entered into a settlement in lieu of a conviction within the last ten years from the date this certification is signed? (Provide explanations to any "Yes" answers on Attachment 5)	
6. A criminal offense related to the delivery of an item or services under Medicare or Medicaid in any state?	☐ Yes ☐ No
7. A conviction of any felony, or any misdemeanor involving fraud, abuse of the Medi-Cal program or neglect or abuse of any patient or beneficiary, or otherwise substantially related to the qualifications, functions, or duties of a provider of service?	☐ Yes ☐ No
8. A conviction under federal or state law of a felony or misdemeanor related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct against a health care program financed by any federal, state, or local government agency?	☐ Yes ☐ No
9. A conviction under federal or state law of a felony or misdemeanor relating to unlawful manufacturing, distributing, prescribing, or dispensing of a controlled substance?	☐ Yes ☐ No
10.A conviction of any felony or misdemeanor involving fraud or abuse in any government program?	☐ Yes ☐ No
11.A conviction of a criminal offense in connection with the interference with or obstruction of any investigation into health care related fraud or abuse?	☐ Yes ☐ No
12. Been found liable for fraud or abuse in any civil proceeding, or entered into a settlement in lieu of conviction for fraud or abuse in any government program?	☐ Yes ☐ No

Has the clinical laboratory: (Provide explanations to any "Yes" answers on Attachment 5)	
13. Been excluded, suspended, terminated or involuntarily withdrawn from a federal or state health care program?	☐ Yes ☐ No
14. Had a license, certificate or other approval to provide health care revoked, suspended, or excluded by a federal, California or other state's licensing, certification, or approval authority or has otherwise lost that license, certificate, or approval, or surrendered that license, certificate or approval while a disciplinary hearing on that license, certificate, or approval was pending?	☐ Yes ☐ No
15. Been found by any licensing, certifying, or professional standards board or agency to have violated the standards or conditions related to license, certification, or quality of care?	☐ Yes ☐ No
16. Failed to pay fines or overpayments assessed by the Medicare or Medicaid program?	☐ Yes ☐ No
17. Has debt owing DHS and is making regular payments to reduce the debt?	☐ Yes ☐ No

Please answer the following questions: (Provide explanations to any "Yes" answers on Attachment 5)	
18. Has the clinical laboratory violated the Civil Monetary Penalties Law (42 U. S. C. 1320a-7a) or the statute entitled "Criminal Penalties for Acts Involving Federal Health Care Programs" (42 U.S.C. 1320a-7b)?	☐ Yes ☐ No
19. Has the director(s) or owner(s) owned or controlled an entity where a sanctioned individual or immediate family member (spouse, natural or adoptive parent, child, sibling stepparent, stepchild, stepbrother or stepsister, in-laws, grandparent and grandchild) has held an ownership or controlling interest? See **Appendix 8** for the definition of owner and laboratory director.	☐ Yes ☐ No
20. Is the clinical laboratory's license or Medi-Cal provider number currently suspended, revoked, or are Medi-Cal payments being withheld?	☐ Yes ☐ No

On behalf of the clinical laboratory named in this RFA and all of its owners and laboratory directors and co-directors I certify under the penalty of perjury that the above information is true and correct to the best of my knowledge.

Name of Clinical Laboratory:	
Printed Name/Title of the owner(s) or his or her delegated representative and the laboratory director authorized to bind the clinical laboratory:	
Signature (sign in <u>blue</u> ink)	Date:
Printed Name of laboratory director as identified on CLIA certificate:	
Signature (**sign in <u>blue</u> ink**)	Date:

Justification Sheet

Provide all responses to Attachment 3 and Attachment 4 in the space provided below. Include in each response the section name (i.e, Attachment 3 or Attachment 4) and the question number. Please make a copy of this page if additional space is required.

Attachment 6

Applicant Information Sheet

A signature affixed hereon and dated certifies compliance with all RFA requirements. Our signature authorizes the State to verify the claims made on this certification.

Name of Clinical Laboratory	CA Corp. No. (If applicable)	Federal Tax ID No.

Social Security No. (If sole proprietor)	9-digit Medi-Cal Provider No.	Telephone No.	Fax No.

Business Address	City	State	Zip Code

Type of Business Organization / Ownership (Check all that apply)

Ownership	**Corporation**	**Governmental**	**Lab Type**
☐ Sole Proprietor	☐ Nonprofit	☐ City/County, California State Agency, Federal Agency, State (other than California)	☐ Chain
☐ Partnership	☐ For Profit		☐ Public Health
☐ Joint venture	☐ Private		
☐ Association	☐ Public	☐ Other: _____	☐ Other: _____

Indicate applicable licenses and/or certifications possessed:

☐ CLIA Certificate
☐ California Clinical Laboratory License
☐ California Local Business License

☐ Accreditation
List name of Accrediting Organization
_____
_____
_____

☐ Other
_____
_____

Proof of Liability Insurance—Applicant must attach a copy of the certificate of insurance to this Attachment. Label as Attachment 6a

Name of Insurance Company	Insurance Policy No.	Date Policy Issued

Insurance Agent's Name	Telephone No.	Fax No.	Expiration Date of Policy:

Business Address	City	State	Zip Code

Proof of Professional Liability Insurance—Applicant must attach a copy of the certificate of insurance to this Attachment. Label as Attachment 6b

Name of Insurance Company	Insurance Policy No.	Date Policy Issued

Insurance Agent's Name:	Telephone No.	Fax No.	Expiration Date of Policy

Business Address	City	State	Zip Code

Attachment 6

Proof of Workers Compensation Insurance—Applicant must attach a copy of the certificate of insurance to this Attachment. Label as Attachment 6c

Name of Insurance Company		Insurance Policy No.		Date Policy Issued
Insurance Agents Name:	Telephone No.	Fax No.		Expiration Date of Policy
Business Address	City		State	Zip Code

Signature of owner(s) or his or her delegated representative and the laboratory director authorized to bind the clinical laboratory. (Sign in blue ink)	**Date Signed**
Printed/Typed Name	**Title**
Signature of laboratory director as identified on CLIA certificate. (Sign in blue ink)	**Date Signed**
Printed/Typed Name	**Title**

Attachment 7

CCC 304 - CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

Contractor/Bidder Firm Name (Printed)	*Federal ID Number*
By (Authorized Signature)	
Printed Name and Title of Person Signing	
Date Executed	*Executed in the County of*

CONTRACTOR CERTIFICATION CLAUSES

1. STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (GC 12990 (a-f) and CCR, Title 2, Section 8103) (Not applicable to public entities.)

2. DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

   a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

   b. Establish a Drug-Free Awareness Program to inform employees about:

      1) the dangers of drug abuse in the workplace;
      2) the person's or organization's policy of maintaining a drug-free workplace;
      3) any available counseling, rehabilitation and employee assistance programs; and,
      4) penalties that may be imposed upon employees for drug abuse violations.

   c. Every employee who works on the proposed Agreement will:

      1) receive a copy of the company's drug-free workplace policy statement; and,
      2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

   Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: (1) the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (GC 8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court which orders Contractor to comply with an order of the National Labor Relations Board. (PCC 10296) (Not applicable to public entities.)

Attachment 7

CCC 304 - CERTIFICATION

4. UNION ORGANIZING Contractor hereby certifies that no request for reimbursement, or payment under this agreement, will seek reimbursement for costs incurred to assist, promote or deter union organizing.

5. CONTRACTS FOR LEGAL SERVICES $50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003. Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State. Failure to make a good faith effort may be taken into account when determining the award of future contracts with the State for legal services.

6. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with State of California.

7. SWEATFREE CODE OF CONDUCT:

   a. For all contracts, Contractor hereby certifies that it will comply with the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and with all other requirements of Public Contract Code Section 6108.

   b. Contractor hereby certifies that no apparel, garments or corresponding accessories or equipment, material and supplies to be laundered, furnished or produced in whole or in part pursuant to this contract, are the result of sweatshop labor, forced labor or convict labor per Public Contract Code Section 6108.

8. DOMESTIC PARTNERS: Commencing on July 1, 2004 Contract certifies that it is in compliance with Public Contract Code Section 10295.3 with regard to benefits for domestic partners. For any contracts executed or amended, bid packages advertised or made available, or sealed bids received on or after July 1, 2004 and prior to January 2007, a contractor may require an employee to pay the costs of providing additional benefits that are offered to comply with PCC 10295.3.

Mandatory Letter of Intent

Purpose	The purpose of this non-binding Mandatory Letter of Intent is to assist DHS in determining the staffing needs for the Application evaluation process and to improve future procurements.
Information requested	DHS is interested in knowing if the clinical laboratory intends to submit an Application or the reasons for not submitting an Application. Completion of this form is **mandatory**. **If this Mandatory Letter of Intent is not submitted, participation in the Medi-Cal program as a provider will be terminated and the provider number deactivated upon contract commencement.**
Action to take	Indicate the intention to submit an Application by checking item 1 or 2 below. Follow the instructions below the selection.

1. ☐ The clinical laboratory intends to submit an Application.

A. Check box number 1 if the above statement reflects the intention of the clinical laboratory.

B. Complete the bottom portion of this form and return it to DHS as instructed in the RFA Section F entitled, "Mandatory Letter of Intent".

C. Submit a copy of the current CLIA certificate for the clinical laboratory.

D. Submit a copy of the current specialty / subspecialty certificate(s) for the clinical laboratory.

2. ☐ The clinical laboratory does not intend to submit an Application for this project.

A. Check box number 2 if the statement in item 2 reflects the intention of the clinical laboratory.

B. Indicate the reason(s) for not submitting an Application by checking any of the following statements that may apply.

☐ The clinical laboratory does not have the appropriate CLIA.

☐ The clinical laboratory lacks sufficient staff expertise or personnel resources to meet the requirements.

☐ The clinical laboratory lacks sufficient experience (i.e., not enough or wrong type).

☐ The clinical laboratory believes the qualification requirements are too restrictive.

☐ Not enough time was allowed for Application preparation.

☐ Too much paperwork is required to prepare an Application response.

☐ Other commitments and projects have a greater priority.

☐ The clinical laboratory did not learn about the contract opportunity soon enough.

☐ The clinical laboratory does not provide the services that DHS is seeking.

☐ Other reason:

Complete the bottom portion of this form and return it to DHS as instructed in the RFA Section F entitled, "Mandatory Letter of Intent".

Person authorized to bind this clinical laboratory as the sole proprietor, partner, corporate officer, or government official in matters regarding this application or the resulting contract:

Name of Clinical Lab:	Medi-Cal Provider Number:
Printed Name *(First, Last)*:	Title:
Telephone number: ( )	Fax number: ( )
Signature of Authorized Representative (sign in blue ink)	Date:

Conflict of Interest Compliance Certificate

A. Contractor, subcontractors, or employees, officers and directors of the Contractor or subcontractors shall avoid conflicts of interests or the appearances of conflicts of interest involving the collection of specimens and personal information and/or the performance of clinical laboratory tests or examinations, including unwarranted disclosure of confidential information. Thus, DHS reserves the right to determine, at its sole discretion, whether any information received from any source indicates the existence of a conflict of interest.

B. The following instances that would be considered a "conflict of interest", include, but are not limited to:

1. An instance where the Applicant/Contractor or any of its subcontractors, or any employee, officer, or director of the Applicant/Contractor or any subcontractors or his or her immediate family offers, delivers or accepts any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, whether in the form of money or otherwise as compensation or inducement for referring patients, clients, or customers, in violation of Business and Professions Code section 650 et. seq.

2. An instance where the Applicant/Contractor or any of its subcontractors, or any employee, officer, or director of the Applicant/Contractor or any subcontractors or his or her immediate family holds a position of interest, financial or otherwise, which would allow use or disclosure of information obtained while performing services for private or personal benefit or for any purpose that is contrary to the goals and objectives of the contract.

3. An instance where the Applicant/Contractor or any of its subcontractors, or any employee, officer, or director of the Applicant/Contractor or any subcontractors or his or her immediate family provides, offers, or solicits any form of payment or gratuity for human blood or any other biological specimen provided for the purpose of clinical laboratory testing or examination or clinical laboratory practice, unless the person is serving as an agent of a clinical laboratory or another facility legally utilizing those specimens only for purposes of research or teaching or for quality assurance purposes, or is an entity licensed under Chapter 4 (commencing with Section 1600) of Division 2 of the Health and Safety Code.

C. If DHS is aware of a known or suspected conflict of interest, the Applicant or Contractor will be given an opportunity to submit additional information or to resolve the conflict. An Applicant or Contractor with a suspected conflict of interest will have five (5) working days from the date of notification of the conflict by DHS to provide complete information regarding the suspected conflict. If a conflict of interest is determined to exist by DHS and cannot be resolved to the satisfaction of DHS, before or after the award of the contract, the conflict will be grounds for the Application to be deemed non-responsive and/or termination of the contract.

D. This Certificate shall bear the original signature of an official of the Applicant who is authorized to bind the Applicant.

E. This Certificate will be incorporated into the contract, if any, awarded from this RFA. It is understood that this requirement shall be in effect for the entire term of the contract. The Contractor shall obtain a completed Certificate from any proposed subcontractor and submit it to DHS prior to approval of the subcontractor by DHS.

F. The Contractor and each subcontractor shall notify DHS, Clinical Laboratory and Durable Medical Equipment Contracting Unit at P.O. Box 997413, 1501 Capitol Avenue, MS 4600 Sacramento, CA 95899-7413 within ten (10) working days of any change to the information provided on this Certificate.

G. If the Applicant has a suspected or potential conflict of interest, the Applicant shall attach to this form, a description of the relationship, a plan for ensuring that such a relationship will not adversely affect DHS, and procedures to guard against the existence of an actual conflict of interest.

The undersigned hereby affirms that: (check one)

☐ The statements above have been read and that no conflict of interest exists that would jeopardize the ability of the Applicant/Contractor to perform free from DHS influence.

☐ A suspected or potential conflict of interest does exist, and additional information (as described in C above) is attached along with a plan to address the possible conflict of interest.

Person authorized to bind this clinical laboratory as the sole proprietor, partner, corporate officer, or government official in matters regarding this application or the resulting contract:	
Name of Clinical Lab:	
Printed Name *(First, Last)*:	Title:
Telephone number: ( )	Fax number: ( )
Signature of Authorized Representative (sign in blue ink)	Date:

Owner(s) and Laboratory Director(s) Agreement of Terms & Conditions

Identify all laboratory directors, laboratory co-directors and owners (as defined in B&P Code Section 1211) of the clinical laboratory on the list below. Each identified laboratory director/owner must sign this **Attachment 10** and agree to all terms and conditions of said contract. Failure to identify all laboratory directors, co-directors and owners at the time this Application is submitted may deem the Application non-responsive. (If more space is required, copy this page for additional signatures).

Print Name Title Date

Signature (sign in blue ink)

Print Name Title Date

Signature (sign in blue ink)

Print Name Title Date

Signature (sign in blue ink)

Print Name Title Date

Signature (sign in blue ink)

Print Name Title Date

Signature (sign in blue ink)

Print Name Title Date

Signature (sign in blue ink)

STATE OF CALIFORNIA
STANDARD AGREEMENT
STD 213 (DHS Rev 10/03)

Exhibit A1

REGISTRATION NUMBER	AGREEMENT NUMBER
	04-35199

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME (Also referred to as CDHS, DHS, or the State)
California Department of Health Services

CONTRACTOR'S NAME (Also referred to as Contractor)
TBD

2. The term of this Agreement is: October 1, 2004 through September 30, 2006 or to be determined

3. The maximum amount of this Agreement is: **$** N/A
N/A

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of this Agreement.

Exhibit A – Scope of Work	5 pages
Exhibit B – Payment Provisions	1 page
Exhibit B, Attachment 1 – Reimbursement Rates	16 pages
Exhibit C – Terms and Conditions	13 pages
Exhibit D – Notice to Licensed Practitioners Regarding the Medi-Cal Program	1 pages
Exhibit E – Contractor Application (incorporated as an Exhibit)	XX pages

Items shown above with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.
These documents can be viewed at http://www.ols.dgs.ca.gov/Standard+Language.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME *(if other than an individual, state whether a corporation, partnership, etc.)*

BY *(Authorized Signature)* ✍ | DATE SIGNED *(Do not type)*

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

STATE OF CALIFORNIA

AGENCY NAME
California Department of Health Services

BY *(Authorized Signature)* ✍ | DATE SIGNED *(Do not type)*

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

California Department of General Services Use Only

☐ Exempt per:

Scope of Work

1. Contractor agrees to provide to the Department of Health Services (DHS) the services described herein and provide documentation as requested by DHS to document and verify performance of services.

2. Contractor agrees to provide quality clinical laboratory tests or examinations that meet professionally recognized standards of health care to beneficiaries (Beneficiaries) of fee-for-service Medi-Cal and other non-managed care health care programs. The contractor further agrees to supply aid, care, services, clinical laboratory tests or examinations, or other benefits available under Medi-Cal to Beneficiaries in the same manner and by the same scope, level, and quality as provided to the general public. The clinical laboratory shall be certified by Clinical Laboratory Improvement Amendments of 1988 (CLIA) for moderate or high complexity clinical laboratory tests or examinations or both in all specialties and subspecialties for which it is providing testing or examination, where such certification is required and applicable. Applications shall address all of the services described herein.

3. The clinical laboratory tests or examinations shall be performed only at the location identified on the Contractor's California Clinical Laboratory License or as otherwise permitted under Business and Professions Code (B&P Code) Section 1265 or may be referred as necessary to other clinical laboratories certified by CLIA for moderate or high complexity clinical laboratory testing or both in all specialties and subspecialties for which they are providing testing, where such certification is required and applicable.

4. The services shall be provided during Contractor's business days and hours of operation. Pursuant to B&P Code Section 1265(j). Contractor shall notify DHS in writing within thirty (30) calendar days of any cessation of operations.

5. The project representatives during the term of this Contract will be:

Department of Health Services	**Contractor**
Name of DHS Contract Manager/ Department Representative: Paula Patterson Telephone: (916) 552-9797 Fax: (916) 552-9602	Name of Contractor's Contract Manager: [TBD] Telephone: [TBD] Fax: [TBD]

Direct all inquiries to:

Department of Health Services	**Contractor**
Clinical Laboratory and Durable Medical Equipment Contracting Unit Attention: Paula Patterson P.O. Box 997413 1501 Capitol Avenue, MS 4600 Sacramento, CA 95899-7413 Telephone: (916) 552-9797 Fax: (916) 552-9602	Section or Unit Name, if applicable [TBD] Attention: [TBD] Street address [TBD] P.O. Box Number [TBD] City, State Zip Code [TBD] Telephone: [TBD] Fax: [TBD]

Notwithstanding the provisions of Title 22, Section 51000.40 **(See Appendix 3)** in the California Code of Regulations (CCR) as it pertains to the Contractor either party may make changes to the information in #5 above by giving written notice to the other party within ten (10) calendar days of the date of any change. Said changes shall not require an amendment to this Contract.

6. Services to be performed

Contractor shall:

a. Upon effective date of contract, continuously perform the following anti-fraud activities and, upon request by DHS, provide written documentation of the following activities within ten (10) calendar days of the request. The Applicant shall also develop a plan (See Exhibit A, Attachment 1) that describes how they will implement the following activities:

i) Clinical laboratory tests or examinations ordered by licensed practitioners are monitored in a manner that detects potential ordering abuses.

ii) The selection of the American Medical Association's Current Procedural Terminology (CPT) codes used to bill accurately describe the clinical laboratory tests or examinations that were ordered and performed.

iii) Organ and Disease Oriented Panel codes, as defined in the CPT, are billed only if all the defined components of the panel are performed.

iv) The clinical laboratory performs only those clinical laboratory tests or examinations ordered by the licensed practitioner and, for any subsequent additional (add-on) tests, ensure that the clinical laboratory obtains written orders within thirty (30) calendar days in compliance with Title 42, Code of Federal Regulations 493.1105.

v) The clinical laboratory, prior to billing, verifies with the licensed practitioner the actual test or examination that the licensed practitioner wants performed when a specimen is received without a valid test order or with an ambiguous test order.

vi) Individuals with technical expertise in clinical laboratory testing review claims, prior to billing, for appropriateness of coding.

vii) The clinical laboratory does not upcode by selecting a CPT code to maximize reimbursement when such CPT code is not the most appropriate descriptor of the clinical laboratory test or examination.

viii) The clinical laboratory, prior to billing, contacts the ordering licensed practitioner to obtain specific ICD-9 diagnosis information for each clinical laboratory test or examination ordered in the event that such information was not provided and that the clinical laboratory maintains documentation of the contact and the ICD-9 information provided.

ix) The clinical laboratory bills only for those clinical laboratory tests or examinations ordered by the licensed practitioner.

x) The clinical laboratory bills only for clinical laboratory tests or examinations that were performed.

xi) The clinical laboratory bills only for clinical laboratory tests or examinations that are Medi-Cal covered benefits, appropriate for the ICD-9 diagnosis codes, and medically necessary.

xii) Testing or examination is not performed on compromised specimens including but not limited to, specimens received from a person or entity that are received in an aged or otherwise deteriorated condition. Technical assistance must be provided to this person or entity before additional specimens are received for testing and if compromised specimens are received again, no clinical laboratory tests or examinations shall be billed under this contract until uncompromised specimens are received and accurate and reliable results are ensured.

b. Implement, within ninety (90) calendar days of the effective date of contract, a written comprehensive Clinical Laboratory Compliance Program Plan (see Exhibit A, Attachment 2) that incorporates all components of clinical laboratory operations, including coding and billing processes performed by third-party billing agents. Documentation of the Clinical Laboratory Compliance Program is subject to review

upon request by DHS within ten (10) calendar days of the request. The minimum requirements of the Clinical Laboratory Compliance Program Plan shall describe how they will implement the following activities:

i) Written standards of conduct, as well as written policies and procedures, that promote the clinical laboratory's commitment to compliance and address specific areas of potential fraud, waste, and abuse, including but not limited to CPT coding issues, improper ICD-9 coding, and improper claims submissions.

ii) The designation of a compliance officer and compliance committee who are responsible for operating and monitoring the compliance program and who report directly to the laboratory director.

iii) Policies to ensure it does not employ, contract or submit claims for individuals who are (1) listed in 42 U.S.C. 1320a-7, or (2) who have been convicted of a criminal offense related to health care or (3) who are suspended, excluded, or otherwise ineligible because of a sanction to receive, directly or indirectly, reimbursement from the Medi-Cal program and the individual or entity is listed on either the Suspended or Ineligible Provider List, published by DHS, to identify suspended and otherwise ineligible providers, or (4) is a person or entity listed on any list published by the federal DHHS Office of the Inspector General regarding the suspension or exclusion of individuals or entities from the federal Medicare and Medicaid programs, to identify suspended, excluded, or otherwise ineligible providers (refer to subsection 5.i in this Exhibit).

iv) A process to receive complaints, including posting the Medi-Cal Fraud Hotline telephone numbers (Attorney General 800-722-0432; Department of Health Services 800-822-6222) in conspicuous places visible to employees in the clinical laboratory and visible to Beneficiaries in the specimen collection sites owned and operated by the clinical laboratory.

v) Regular, effective education and training programs for all affected employees.

vi) Conduct internal monitoring and auditing to evaluate compliance and assist in the reduction of identified problem areas.

vii) Promptly investigate and correct identified systemic problems.

c. Provide timely performance of clinical laboratory tests or examinations. "Timely performance" means that the test or examination performed for Beneficiaries are completed in a time frame consistent with tests performed for all other clinical laboratory patients.

d. Provide a schedule of the business days and hours of operation and upon any change, notify DHS, Provider Enrollment Branch by submitting a Medi-Cal Supplemental Application within thirty-five (35) calendar days pursuant to Title 22, CCR Section 51000.40 **(See Appendix 3)**.

e. Provide the Notice of Medi-Cal Information to all licensed practitioners, within ninety (90) calendar days from the effective date of the contract and thereafter on an annual basis. See **Exhibit D**. Documentation of this Notice shall include the name and address of the licensed practitioner and the notice date and shall be maintained by the Contractor for three (3) years after the end of the contract term and is subject to review upon request by DHS within ten (10) calendar days of request.

f. Monitor the utilization of the thirty (30) clinical laboratory tests or examinations (defined as moderate or high complexity under CLIA) that are most frequently billed by the Contractor to the Medi-Cal Program. All utilization monitoring data collected is subject to review by DHS within ten (10) calendar days of a request to review.

g. Produce any and all documentation, obtained from the ordering licensed practitioner, to support the medical necessity of billed clinical laboratory tests or examinations within ten (10) calendar days of request by DHS.

h. Develop and maintain a written list of licensed practitioners who perform the professional component of clinical laboratory tests or examinations for the clinical laboratory separately identifying those licensed practitioners who independently bill for the professional component of clinical laboratory tests or examinations utilizing the CLIA Certificate of the Contractor. At the time of contract commencement, all agreements with those licensed practitioners must be on file with the clinical laboratory. Contractor shall provide copies of those agreements to DHS upon request within ten (10) calendar days of the request. Said agreements shall remain on file with the clinical laboratory for three (3) years from the end of the contract term.

i. Develop policies to ensure it does not employ, contract or submit claims for individuals (1) who are listed in 42 U.S.C. 1320a-7 or (2) who have been convicted of a criminal offense related to health care or (3) who are suspended, excluded, or otherwise ineligible because of a sanction to receive, directly or indirectly, reimbursement from the Medi-Cal program and the individual or entity is listed on either the Suspended or Ineligible Provider List, published by DHS, to identify suspended and otherwise ineligible providers, or (4) is a person or entity listed on any list published by the federal DHHS Office of the Inspector General regarding the suspension or exclusion of individuals or entities from the federal Medicare and Medicaid programs, to identify suspended, excluded, or otherwise ineligible providers.

j. Comply with the Reportable Disease Requirements pursuant to Title 17 CCR 2500 et seq.

k. Comply with the HIV Reporting Requirements pursuant to Title 17 CCR 2643.10 **(See Appendix 6)**.

FISCAL & MANAGEMENT ANTI-FRAUD ACTIVITIES

Please provide brief descriptions of your clinical laboratory's plan to implement, upon contract commencement, the twelve (12) mandatory fiscal and management anti-fraud activities listed below. Use only this form and a maximum of one (1) additional sheet of paper for each question's response (this question and the eleven (11) questions that follow) and complete in accordance with the format requirements found in RFA section I.2.b, Format requirements. **Do not** attach copies of policy or procedure manuals. **All information contained on this form is subject to the Public Records Act and may be subject to disclosure to the public.**

1. Describe how your clinical laboratory will ensure that clinical laboratory tests or examinations ordered by licensed practitioners are monitored in a manner that detects potential ordering abuses.

2. Describe how your clinical laboratory will ensure that the selection of CPT codes used to bill accurately describes the clinical laboratory tests or examinations that were ordered and performed.

3. Describe how your clinical laboratory will ensure that Organ and Disease Oriented Panel codes, as defined in the CPT, are billed only if all defined components of the panel are performed.

4. Describe how your clinical laboratory will ensure that the clinical laboratory performs only those clinical laboratory tests or examinations ordered by the licensed practitioner and, for any subsequent additional (add-on) clinical laboratory tests or examinations, ensure that the clinical laboratory obtains written orders within thirty (30) calendar days in compliance with Title 42, CFR 493.1105.

5. Describe how your clinical laboratory will ensure the clinical laboratory, prior to billing, verifies with the licensed practitioner the actual test or examination that the licensed practitioner wants performed when a specimen is received without a valid test order or with an ambiguous test order.

6. Describe how your clinical laboratory will ensure that individuals with technical expertise in clinical laboratory testing or examination review claims, prior to billing, for appropriateness of coding.

7. Describe how your clinical laboratory will ensure the clinical laboratory does not upcode by selecting a CPT code to maximize reimbursement when such CPT code is not the most appropriate descriptor of the clinical laboratory test or examination.

8. Describe how your clinical laboratory will ensure that the clinical laboratory, prior to billing, contacts the ordering licensed practitioner to obtain specific ICD-9 diagnosis information for each clinical laboratory test or examination ordered in the event that such information was not provided and that the clinical laboratory maintains documentation of the contact and the ICD-9 information provided.

9. Describe how your clinical laboratory will ensure the clinical laboratory bills only for those clinical laboratory tests or examinations ordered by the licensed practitioner.

10. Describe how your clinical laboratory will ensure the clinical laboratory bills only for clinical laboratory tests or examinations that were performed.

11. Describe how your clinical laboratory will ensure the clinical laboratory bills only for clinical laboratory tests or examinations that are Medi-Cal covered benefits, appropriate for the ICD-9 diagnosis codes, and medically necessary.

12. Describe how the clinical laboratory will ensure that clinical laboratory testing or examination is not performed on compromised specimens including but not limited to, specimens from a person or entity that are received in an aged or otherwise deteriorated condition. Technical assistance shall be provided to this person or entity before additional specimens are received for testing or examination. If compromised specimens are received again, no clinical laboratory tests or examinations shall be billed under this contract until uncompromised specimens are received and accurate, reliable results are ensured.

CLINICAL LABORATORY COMPLIANCE PROGRAM

Please describe your clinical laboratory's plan to implement, within ninety (90) calendar days of contract commencement, the seven (7) mandatory components of the Clinical Laboratory Compliance Program as listed below. Use only this form and a maximum of one (1) additional sheet of paper for each question's response (this question and the six (6) questions that follow) and complete in accordance with the format requirements found in RFA section I.2.b, Format requirements. **Do not** attach copies of policy or procedure manuals. **All information contained on this form is subject to the Public Records Act and may be subject to disclosure to the public.**

1. The clinical laboratory shall develop and implement written standards of conduct, as well as written policies and procedures, that promote the clinical laboratory's commitment to compliance and address specific areas of potential fraud, waste, and abuse, including but not limited to, the CPT coding issues, improper ICD-9 coding, and improper claims submissions.

2. The clinical laboratory shall designate a compliance officer and compliance committee who are responsible for operating and monitoring the compliance program and who report directly to the laboratory director.

3. The clinical laboratory shall develop policies to ensure it does not employ, contract or submit claims for providers (1) who are listed in 42 U.S.C. 1320a-7 or (2) who have been convicted of a criminal offense related to health care or (3) who are suspended, excluded, or otherwise ineligible because of a sanction to receive, directly or indirectly, reimbursement from the Medi-Cal program and the provider or entity is listed on either the Suspended or Ineligible Provider List, published by DHS, to identify suspended and otherwise ineligible providers, or (4) is a person or entity listed on any list published by the federal DHHS Office of the Inspector General regarding the suspension or exclusion of individuals or entities from the federal Medicare and Medicaid programs, to identify suspended, excluded, or otherwise ineligible providers (refer to Exhibit A Scope of Work subsection 6(b)(iii).

4. The clinical laboratory shall maintain a process to receive complaints, including posting the Medi-Cal Fraud Hotline telephone numbers (Attorney General 800-722-0432; Department of Health Services 800-822-6222) in conspicuous places visible to clinical laboratory employees in the clinical laboratory, and visible to Beneficiaries in the specimen collection sites owned and operated by the clinical laboratory.

5. The clinical laboratory shall develop and implement regular, effective education and training programs for all affected employees.

6. The clinical laboratory shall conduct internal monitoring and auditing to evaluate compliance and assist in the reduction of identified problem areas.

7. The clinical laboratory shall promptly investigate and correct identified systemic problems.

Exhibit B

Payment Provisions

The purpose of this Exhibit is to define the basis for payment of services that will result from this Contract. Payment shall be made in accordance with the conditions described as follows:

1. Covered Services

The CPT-4 clinical laboratory test or examination codes identified in Exhibit B, Attachment 1, Reimbursement Rates, are covered under this contract.

2. Claims Submission

Claims submitted for reimbursement shall be submitted in accordance with current instructions provided in the Medi-Cal Provider Manual and Medi-Cal Provider Bulletins, as those instructions are from time to time updated.

3. Reimbursements

Reimbursement will be made in accordance with the rates identified in Exhibit B, Attachment 1, Reimbursement Rates. However, the parties recognize that during the life of this Contract, the Medi-Cal program will be a dynamic program requiring changes to the scope of benefits and reimbursement rates, including rates for laboratory tests and examinations. Therefore, the parties agree that if future state law establishes rates for additional clinical laboratory tests or examinations, or permits or requires rates different than those identified below, then reimbursement for services under this Contract shall be at the rates established by or pursuant to future state law. Notwithstanding any other provision of this Contract, these new rates shall become effective and be binding on the parties upon the effective date of the statute or upon DHS giving the Contractor 30 days written notice, whichever occurs sooner.

The following CPT codes will be reimbursed at a rate not to exceed the amounts listed, which are approximately 80 percent of the lowest 2002 or 2003 (codes established in the 2003 CPT) maximum allowance for California established by the federal Medicare program.

Code	Code Description	Reimbursement Rate
80048	BASIC METABOLIC PANEL	$9.36
80051	ELECTROLYTE PANEL	$7.75
80053	*00 COMPREHENSIVE METABOLIC P	$11.69
80061	LIPID PROFILE	$14.81
80069	RENAL FUNCTION PANEL	$9.60
80074	ACUTE HEPATITIS PANEL	$52.66
80076	HEPATIC FUNCTION PANEL	$9.03
80100	DRUG SCREEN, QUALITATE/MULTI	$16.08
80101	DRUG SCREEN, SINGLE	$15.22
80102	DRUG, CONFIRMATION, EACH PROC	$14.65
80150	ASSAY, AMIKACIN	$16.66
80152	ASSAY, AMITRYPTYLINE	$19.79
80154	ASSAY, BENZODIAZEPINES	$20.45
80156	ASSAY, CARBAMAZEPINE, TOTAL	$16.10
80157	ASSAY, CARBAMAZEPINE, FREE	$10.99
80158	ASSAY, CYCLOSPORINE	$19.96
80160	ASSAY, DESIPRAMINE	$9.78
80162	ASSAY OF DIGOXIN	$14.68
80164	ASSAY, DIPROPYLACETIC ACID	$14.98
80166	ASSAY, DOXEPIN	$17.14
80168	ASSAY, ETHOSUXIMIDE	$18.06
80170	ASSAY OF GENTAMICIN	$18.12
80172	ASSAY OF GOLD	$18.02
80173	ASSAY OF HALOPERIDOL	$16.10
80174	ASSAY, IMIPRAMINE	$19.03
80176	ASSAY OF LIDOCAINE	$16.24
80178	ASSAY OF LITHIUM	$7.30
80182	ASSAY OF NORTRIPTYLINE	$14.98
80184	ASSAY OF PHENOBARBITAL	$12.66
80185	ASSAY OF PHENYTOIN, TOTAL	$14.66
80186	ASSAY OF PHENYTOIN, FREE	$15.22
80188	ASSAY OF PRIMIDONE	$18.34
80190	ASSAY OF PROCAINAMIDE	$18.52
80192	ASSAY OF PROCAINAMIDE	$18.52
80194	ASSAY OF QUINIDINE	$16.14
80196	ASSAY OF SALICYLATE	$7.85
80197	ASSAY OF TACROLIMUS	$15.18
80198	ASSAY OF THEOPHYLLINE	$15.65
80200	ASSAY OF TOBRAMYCIN	$17.82
80201	ASSAY OF TOPIRAMATE	$13.18
80202	ASSAY OF VANCOMYCIN	$14.98
80299	QUANTITATIVE ASSAY, DRUG	$15.14
81000	URINALYSIS, NONAUTO W/SCOPE	$3.50
81001	URINALYSIS, AUTO W/SCOPE	$3.50
81002	URINALYSIS, NONAUTO W/O SCOPE	$2.83
81003	URINALYSIS, AUTO, W/O SCOPE	$2.48
81005	URINALYSIS; QUAL OR SEMI-QUAN	$2.40
81007	URINE SCREEN FOR BACTERIA	$2.84
81015	MICROSCOPIC EXAM OF URINE	$3.36
81020	URINALYSIS, GLASS TEST	$0.00
81025	URINE PREGNANCY TEST	$4.34
81050	URINALYSIS, VOLUME MEASURE	$3.31
82000	ASSAY OF BLOOD ACETALDEHYDE	$13.70
82003	ASSAY OF ACETAMINOPHEN	$22.37
82009	TEST FOR ACETONE	$5.00
82010	ACETONE ASSAY	$9.03
82013	ACETYLCHOLINESTERASE ASSAY	$12.35
82016	ACYLCARNITINES, QUAL	$15.33
82017	ACYLCARNITINES, QUANT	$18.65
82024	ASSAY OF ACTH	$42.70
82030	ASSAY OF ADP & AMP	$28.52
82040	ASSAY OF SERUM ALBUMIN	$5.48
82042	ASSAY OF URINE ALBUMIN	$4.67
82043	MICROALBUMIN, QUANTITATIVE	$6.40
82044	MICROALBUMIN, SEMIQUANT	$5.06
82055	ASSAY OF ETHANOL	$11.94

Code	Code Description	Reimbursement Rate
82085	ASSAY OF BLOOD ALDOLASE	$10.74
82088	ASSAY OF ALDOSTERONE	$45.06
82101	ASSAY OF URINE ALKALOIDS	$33.18
82103	ALPHA - 1 - ANTITRYPSIN, TOTAL	$14.85
82104	ALPHA - 1 - ANTITRYPSIN, PHENO	$15.98
82105	ALPHA-FETOPROTEIN, SERUM	$18.54
82106	ALPHA-FETOPROTEIN, AMNIOTIC	$18.54
82108	ASSAY OF ALUMINUM	$28.18
82120	AMINES, VAGINAL FLUID QUAL	$4.15
82127	AMINO ACID, SINGLE QUAL	$15.33
82128	AMINO ACIDS, MULT QUAL	$15.33
82131	AMINO ACIDS, SINGLE QUANT	$18.65
82135	ASSAY, AMINOLEVULINIC ACID	$18.20
82136	AMINO ACIDS, QUANT, 2-5	$18.65
82139	AMINO ACIDS, QUAN, 6 OR MORE	$18.65
82140	ASSAY OF BLOOD AMMONIA	$16.11
82143	AMNIOTIC FLUID SCAN	$7.60
82145	ASSAY OF AMPHETAMINES	$17.18
82150	ASSAY OF SERUM AMYLASE	$7.17
82154	ANDROSTANEDIOL GLUCURONIDE	$31.88
82157	RIA ASSAY OF ANDROSTENEDIONE	$32.37
82160	ASSAY OF ANDROSTERONE	$27.66
82163	RIA ASSAY OF ANGIOTENSIN II	$22.70
82164	ANGIOTENSIN ENZYME TEST	$16.14
82172	ASSAY OF APOLIPOPROTEIN	$16.05
82175	ASSAY OF ARSENIC	$20.98
82180	ASSAY OF ASCORBIC ACID	$10.93
82205	ASSAY OF BARBITURATES	$12.66
82232	ASSAY OF BETA-2 PROTEIN	$17.89
82239	ASSAY, BILE ACIDS, TOTAL	$18.94
82240	ASSAY BILE ACIDS IN BLOOD	$29.38
82247	BILIRUBIN, TOTAL	$5.55
82248	BILIRUBIN, DIRECT	$5.55
82252	FECAL BILIRUBIN TEST	$5.02
82261	ASSAY OF BIOTINIDASE	$18.65
82270	TEST FOR BLOOD, FECES	$3.59
82273	TEST FOR BLOOD, OTHER SOURCE	$3.59
82286	BRADYKININ	$7.62

Code	Code Description	Reimbursement Rate
82300	ASSAY OF CADMIUM	$25.58
82306	ASSAY OF VITAMIN D	$32.73
82307	RIA ASSAY OF VITAMIN D	$35.62
82308	RIA ASSAY OF CALCITONIN	$29.61
82310	ASSAY OF CALCIUM	$5.70
82330	ASSAY OF CALCIUM	$15.10
82331	CALCIUM INFUSION TEST	$5.72
82340	ASSAY OF CALCIUM IN URINE	$6.67
82355	CALCULUS ANALYSIS, QUAL	$12.79
82360	CALCULUS ASSAY, QUANT	$14.24
82365	CALCULUS SPECTROSCOPY	$14.26
82370	X-RAY ASSAY, CALCULUS	$13.86
82373	ASSAY, C-D TRANSFER MEASURE	$19.97
82374	ASSAY, BLOOD CARBON DIOXIDE	$5.41
82375	ASSAY, BLOOD CARBON MONOXIDE	$13.62
82376	TEST FOR CARBON MONOXIDE	$6.62
82378	CARCINOEMBRYONIC ANTIGEN	$20.98
82379	ASSAY OF CARNITINE	$18.65
82380	ASSAY OF CAROTENE	$10.20
82382	ASSAY, URINE CATECHOLAMINES	$19.01
82383	ASSAY, BLOOD CATECHOLAMINES	$27.70
82384	ASSAY, THREE CATECHOLAMINES	$27.92
82387	CATHESPIN-D	$23.00
82390	ASSAY OF CERULOPLASMIN	$11.87
82397	CHEMILUMINESCENT ASSAY	$15.62
82415	CHLORAMPHENICOL	$14.01
82435	ASSAY OF BLOOD CHLORIDE	$5.08
82436	ASSAY OF URINE CHLORIDE	$5.56
82438	ASSAY, OTHER FLUID CHLORIDES	$5.41
82441	TEST FOR CHLOROHYDROCARBON	$6.64
82465	ASSAY, BLD/SERUM CHOLESTEROL	$4.82
82480	ASSAY, SERUM CHOLINESTERASE	$8.71
82482	ASSAY, RBC CHOLINESTERASE	$8.50
82485	ASSAY, CHONDROITIN SULFATE	$22.83
82486	GAS/LIQUID CHROMATOGRAPHY	$19.97
82487	CHROMATOGRAPHY, QUALITATIVE;	$17.65
82488	CHROMATOGRAPHY, QUALITATIVE;	$23.62
82489	THIN LAYER CHROMATOGRAPHY	$20.45

Code	Code Description	Reimbursement Rate
82491	CHROMOTOGRAPHY, QUANT, SING	$19.97
82492	CHROMOTOGRAPHY, QUANT, MULT	$19.97
82495	ASSAY OF CHROMIUM	$22.42
82507	ASSAY OF CITRATE	$30.74
82520	ASSAY OF COCAINE	$16.75
82523	COLLAGEN CROSSLINKS	$20.50
82525	ASSAY OF COPPER	$13.72
82528	ASSAY OF CORTICOSTERONE	$24.89
82530	ASSAY, FREE CORTISOL	$18.48
82533	RIA ASSAY PLASMA CORTISOL	$18.02
82540	ASSAY OF CREATINE	$5.12
82541	COLUMN CHROMOTOGRAPHY, QUA	$19.97
82542	COLUMN CHROMOTOGRAPHY, QUA	$19.97
82543	COLUMN CHROMOTOGRAPHY/ISOT	$19.97
82544	COLUMN CHROMOTOGRAPH/ISOTO	$19.97
82550	ASSAY OF CK (CPK)	$7.21
82552	ASSAY OF CPK IN BLOOD	$14.81
82553	CREATINE, MB FRACTION	$12.76
82554	CREATINE, ISOFORMS	$13.12
82565	ASSAY OF CREATININE	$5.66
82570	ASSAY OF URINE CREATININE	$5.72
82575	CREATININE CLEARANCE TEST	$10.45
82585	ASSAY OF CRYOFIBRINOGEN	$9.48
82595	ASSAY OF CRYOGLOBULIN	$6.75
82600	ASSAY OF CYANIDE	$21.45
82607	RIA ASSAY FOR VITAMIN B-12	$16.66
82608	B-12 BINDING CAPACITY	$15.84
82615	TEST FOR URINE CYSTINES	$9.03
82626	DEHYDROEPIANDROSTERONE, RIA	$27.94
82627	DEHYDROEPIANDROSTERONE	$24.58
82633	DESOXYCORTICOSTERONE, RIA	$34.25
82634	DEOXYCORTISOL, RIA	$32.37
82638	ASSAY OF DIBUCAINE NUMBER	$13.54
82646	ASSAY OF DIHYDROCODINONE	$22.83
82649	ASSAY OF DIHYDROMORPHINONE	$28.42
82651	ASSAY OF DIHYDROTESTOSTERON	$28.54
82652	ASSAY OF DIHYDROXYVITAMIN D	$39.18
82654	ASSAY OF DIMETHADIONE	$15.31
82657	ENZYME CELL ACTIVITY	$19.97
82658	ENZYME CELL ACTIVITY, RA	$19.97
82664	ELECTROPHORETIC TEST	$37.98
82666	EPIANDROSTERONE	$23.75
82668	ASSAY OF ERYTHROPOIETIN	$20.78
82670	ASSAY OF ESTRADIOL	$30.90
82671	ASSAY OF ESTROGENS	$35.71
82672	ASSAY OF ESTROGEN	$23.98
82677	ASSAY OF ESTRIOL	$26.74
82679	ASSAY OF ESTRONE	$27.60
82690	ASSAY OF ETHCHLORVYNOL	$19.11
82693	ASSAY OF ETHYLENE GLYCOL	$16.47
82696	ETIOCHOLANOLONE	$26.08
82705	FATS/LIPIDS, FECES, QUAL	$5.63
82710	FATS/LIPIDS, FECES, QUANT	$18.57
82715	ASSAY OF FECAL FAT	$19.03
82725	ASSAY OF BLOOD FATTY ACIDS	$14.72
82726	LONG CHAIN FATTY ACIDS	$19.97
82728	ASSAY OF FERRITIN	$15.06
82731	ASSAY OF FETAL FIBRONECTIN	$71.21
82735	ASSAY OF FLUORIDE	$20.50
82742	ASSAY OF FLURAZEPAM	$21.89
82746	BLOOD FOLIC ACID RIA	$16.26
82747	ASSAY OF FOLIC ACID, RBC	$19.14
82757	ASSAY OF SEMEN FRUCTOSE	$19.18
82759	GALACTOKINASE, RBC	$23.75
82760	ASSAY OF GALACTOSE	$12.38
82775	ASSAY GALACTOSE TRANSFERASE	$23.29
82776	GALACTOSE TRANSFERASE TEST	$9.27
82784	ASSAY OF GAMMAGLOBULIN IGM	$8.76
82785	ASSAY OF GAMMAGLOBULIN IGE	$18.21
82787	IGG 1, 2, 3 OR 4, EACH	$8.87
82800	BLOOD PH	$9.21
82803	BLOOD GASES: PH, PO2 & PCO2	$21.39
82805	GASES,BLOOD,ANY COMB PH,PCO2,	$31.37
82810	GASES,BLOOD,02 SATURATION ONL	$9.65
82820	HEMOGLOBIN - OXYGEN AFFIN	$11.06
82926	ASSAY OF GASTRIC ACID	$5.90

Code	Code Description	Reimbursement Rate
82928	ASSAY OF GASTRIC ACID	$7.24
82938	GASTRIN AFTER SECRETIN STIMULA	$19.57
82941	RIA ASSAY OF GASTRIN	$19.50
82943	RIA ASSAY OF GLUCAGON	$15.80
82945	GLUCOSE OTHER FLUID	$4.34
82946	GLUCAGON TOLERANCE TEST	$16.66
82947	ASSAY, GLUCOSE, BLOOD QUANT	$4.34
82948	STICK ASSAY OF BLOOD GLUCOSE	$3.50
82950	GLUCOSE TEST	$5.25
82951	GLUCOSE TOLERANCE TEST (GTT)	$14.24
82952	GTT-ADDED SAMPLES	$4.34
82953	GLUCOSE-TOLBUTAMIDE TEST	$16.74
82955	ASSAY OF G6PD ENZYME	$10.72
82960	TEST FOR G6PD ENZYME	$6.70
82962	GLUCOSE BLOOD TEST	$2.58
82963	ASSAY OF GLUCOSIDASE	$23.75
82965	ASSAY OF GDH ENZYME	$8.54
82975	ASSAY OF GLUTAMINE	$17.50
82977	ASSAY OF GGT ENZYME	$7.96
82978	ASSAY OF GLUTATHIONE	$15.76
82979	ASSAY, RBC GLUTATHIONE	$7.62
82980	ASSAY OF GLUTETHIMIDE	$20.26
82985	GLYCOPROTEIN ELECTROPHORESI	$16.66
83001	PITUITARY GONADOTROPIN RIA	$20.55
83002	PITUITARY GONADOTROPINS RIA	$20.48
83003	ASSAY, GROWTH HORMONE (HGH)	$18.43
83008	GUANOSINE MONOPHOSPHATE (GM	$18.56
83010	ASSAY OF HAPTOGLOBIN, QUANT	$13.90
83012	ASSAY OF HAPTOGLOBINS	$19.01
83013	H PYLORI ANALYSIS	$74.47
83014	H PYLORI DRUG ADMIN/COLLECT	$8.69
83015	HEAVY METAL SCREENING	$17.66
83018	CHROMATOGRAPH SCREEN, METAL	$24.28
83020	HEMOGLOBIN ELECTROPHORESIS	$14.24
83021	HEMOGLOBIN CHROMOTOGRAPHY	$19.97
83026	HEMOGLOBIN, COPPER SULFATE	$2.61
83030	FETAL HEMOGLOBIN, CHEMICAL	$9.14
83033	FETAL HEMOGLOBIN ASSAY, QUAL	$6.59
83036	GLYCOSYLATED HEMOGLOBIN TEST	$10.74
83045	BLOOD METHEMOGLOBIN TEST	$5.48
83050	BLOOD METHEMOGLOBIN ASSAY	$8.10
83051	ASSAY OF PLASMA HEMOGLOBIN	$8.08
83055	BLOOD SULFHEMOGLOBIN TEST	$5.44
83060	BLOOD SULFHEMOGLOBIN ASSAY	$9.14
83065	HEMOGLOBIN; THERMOLABILE	$7.62
83068	HEMOGLOBIN STABILITY SCREEN	$9.37
83069	HEMOGLOBIN; URINE	$4.36
83070	ASSAY OF HEMOSIDERIN, QUAL	$5.25
83071	ASSAY OF HEMOSIDERIN, QUANT	$7.60
83080	ASSAY OF B HEXOSAMINIDASE	$18.65
83088	ASSAY OF HISTAMINE	$32.65
83090	ASSAY OF HOMOCYSTINE	$18.65
83150	ASSAY OF FOR HVA	$21.39
83491	RIA ASSAY OF CORTICOSTEROIDS	$19.37
83497	ASSAY OF 5-HIAA	$14.26
83498	RIA ASSAY OF PROGESTERONE	$30.03
83499	HYDROXYPROGESTERONE, 20-	$27.86
83500	ASSAY, FREE HYDROXYPROLINE	$25.04
83505	ASSAY, TOTAL HYDROXYPROLINE	$26.87
83516	IMMUNOASSAY, NONANTIBODY	$10.27
83518	IMMUNOASSAY FOR ANALYTE OTH	$6.03
83519	IMMUNOASSAY, NONANTIBODY	$14.94
83520	IMMUNOASSAY	$14.31
83525	RIA ASSAY OF INSULIN	$12.65
83527	INSULIN	$14.32
83528	ASSAY OF INTRINSIC FACTOR	$17.58
83540	ASSAY OF IRON	$7.16
83550	SERUM IRON BINDING TEST	$7.96
83570	ASSAY OF IDH ENZYME	$9.78
83582	ASSAY OF KETOGENIC STEROIDS	$15.67
83586	ASSAY 17- KETOSTEROIDS	$14.15
83593	FRACTIONATION, KETOSTEROIDS	$29.08
83605	ASSAY OF LACTIC ACID	$11.81
83615	UV-ASSAY BLOOD LDH ENZYME	$6.68
83625	ASSAY OF LDH ENZYMES	$14.15
83632	RIA PLACENTAL LACTOGEN	$22.34

Code	Code Description	Reimbursement Rate
83633	TEST URINE FOR LACTOSE	$6.09
83634	LACTOSE, URINE; QUANTITATIVE	$12.74
83655	ASSAY OF LEAD	$13.38
83661	L/S RATIO, FETAL LUNG	$24.30
83662	FOAM STABILITY, FETAL LUNG	$20.91
83663	FLUORO POLARIZE, FETAL LUNG	$10.46
83664	LAMELLAR BDY, FETAL LUNG	$5.22
83670	ASSAY OF LAP ENZYME	$10.13
83690	ASSAY OF LIPASE	$7.62
83715	ASSAY OF BLOOD LIPOPROTEINS	$12.45
83716	ASSAY OF BLOOD LIPOPROTEINS	$27.44
83718	ASSAY OF LIPOPROTEIN	$9.05
83719	ASSAY OF BLOOD LIPOPROTEIN	$12.19
83721	ASSAY OF BLOOD LIPOPROTEIN	$10.54
83727	ASSAY OF LRH HORMONE	$19.01
83735	ASSAY OF MAGNESIUM	$7.41
83775	UV-ASSAY OF MD ENZYME	$8.15
83785	ASSAY OF MANGANESE	$27.18
83788	MASS SPECTROMERTY AND TANDE	$19.97
83789	MASS SPECTROMETRY QUANT	$19.97
83805	ASSAY OF MEPROBAMATE	$19.49
83825	ASSAY OF MERCURY	$17.98
83835	ASSAY OF METANEPHRINES	$18.73
83840	ASSAY OF METHADONE	$18.05
83857	METHEMALBUMIN	$11.87
83858	ASSAY OF METHSUXIMIDE	$16.38
83864	BLOOD MUCOPOLYSACCHARIDES	$22.01
83866	MUCOPOLYSACCHARIDES SCREEN	$10.90
83872	ASSAY SYNOVIAL FLUID MUCIN	$6.41
83873	ASSAY OF CSF PROTEIN	$19.02
83874	ASSAY OF MYOGLOBIN	$14.27
83880	ASSAY NALORPHINE	$37.94
83883	ASSAY, NEPHELOMETRY NOT SPEC	$15.03
83885	ASSAY OF NICKEL	$27.09
83887	ASSAY OF NICOTINE	$26.18
83890	MOLECULE ISOLATE	$4.43
83891	MOLECULE ISOLATE NUCLEIC	$4.43
83892	MOLECULAR DIAGNOSTICS	$4.43
83893	MOLECULE DOT/SLOT/BLOT	$4.43
83894	MOLECULE GEL ELECTROPHOR	$4.43
83896	MOLECULAR DIAGNOSTICS	$4.43
83897	MOLECULE NUCLEIC TRANSFER	$4.43
83898	MOLECULE NUCLEIC AMPLI	$18.54
83901	MOLECULE NUCLEIC AMPLI	$18.54
83902	MOLECULAR DIAGNOSTICS	$15.69
83903	MOLECULE MUTATION SCAN	$18.54
83904	MOLECULE MUTATION IDENTIFY	$18.54
83905	MOLECULE MUTATION IDENTIFY	$18.54
83906	MOLECULAR DIAGNOSTICS; MUTATI	$18.54
83912	GENETIC EXAMINATION	$4.43
83915	ASSAY OF NUCLEOTIDASE	$12.33
83916	OLIGOCLONAL BANDS	$22.23
83918	ORGANIC ACIDS, TOTAL, QUANT	$18.20
83919	ORGANIC ACIDS, QUAL, EACH	$18.20
83921	ORGANIC ACID, SINGLE, QUANT	$18.20
83925	ASSAY OF OPIATES	$21.51
83930	ASSAY OF BLOOD OSMOLALITY	$7.30
83935	ASSAY OF URINE OSMOLALITY	$7.54
83945	ASSAY OF OXALATE	$14.24
83970	RIA ASSAY OF PARATHORMONE	$45.63
83986	ASSAY OF BODY FLUID ACIDITY	$3.96
83992	ASSAY FOR PHENCYCLIDINE	$15.84
84022	ASSAY URINE PHENOTHIAZINE	$17.22
84030	ASSAY OF BLOOD PKU	$6.09
84035	ASSAY OF PHENYLKETONES	$4.04
84060	ASSAY BLOOD ACID PHOSPHATASE	$8.16
84066	ASSAY PROSTATE PHOSPHATASE	$10.68
84075	ASSAY ALKALINE PHOSPHATASE	$5.72
84078	ASSAY ALKALINE PHOSPHATASE	$7.66
84080	ASSAY ALKALINE PHOSPHATASES	$16.35
84081	AMNIOTIC FLUID ENZYME TEST	$18.27
84085	PHOSPHOGLUCONATE, 6-, DEHYDR	$7.46
84087	PHOPHOHEXOSE ISOMERASE	$11.42
84100	ASSAY OF PHOSPHORUS	$5.25
84105	ASSAY OF URINE PHOSPHORUS	$5.72
84106	TEST FOR PORPHOBILINOGEN	$4.74

Code	Code Description	Reimbursement Rate
84110	ASSAY OF PORPHOBILINOGEN	$9.34
84119	TEST URINE FOR PORPHYRINS	$9.52
84120	ASSAY OF URINE PORPHYRINS	$16.26
84126	ASSAY OF FECES PORPHYRINS	$28.16
84127	ASSAY OF FECES PORPHYRINS	$12.88
84132	ASSAY OF SERUM POTASSIUM	$5.08
84133	ASSAY OF URINE POTASSIUM	$4.75
84134	ASSAY OF PREALBUMIN	$16.13
84135	ASSAY OF PREGNANEDIOL	$21.15
84138	ASSAY OF PREGNANETRIOL	$20.93
84140	ASSAY OF PREGNENOLONE	$22.86
84143	ASSAY OF 17-HYDROXYPREGNENO	$25.23
84144	ASSAY OF PROGESTERONE	$23.06
84146	ASSAY OF PROLACTIN	$21.42
84150	RIA ASSAY OF PROSTAGLANDIN	$27.60
84152	ASSAY OF PSA, COMPLEXED	$20.34
84153	ASSAY OF PSA, TOTAL	$20.34
84154	ASSAY OF PSA, FREE	$20.34
84155	ASSAY OF PROTEIN	$4.05
84160	ASSAY OF SERUM PROTEIN	$5.72
84165	ASSAY OF SERUM PROTEINS	$11.87
84181	WESTERN BLOT TEST	$18.83
84182	WESTERN BLOT TEST	$19.90
84202	ASSAY RBC PROTOPORPHYRIN	$15.86
84203	TEST RBC PROTOPORPHYRIN	$9.51
84206	RIA ASSAY OF PROINSULIN	$19.70
84207	ASSAY OF VITAMIN B-6	$31.06
84210	ASSAY OF PYRUVATE	$12.01
84220	ASSAY OF PYRUVATE KINASE	$10.43
84228	QUININE	$12.86
84233	ASSAY OF ESTROGEN	$71.21
84234	ASSAY OF PROGESTERONE	$71.71
84235	ASSAY OF ENDOCRINE HORMONE	$57.85
84238	ASSAY, NONENDOCRINE RECEPTOR	$40.42
84244	RIA ASSAY OF RENIN	$24.32
84252	ASSAY OF VITAMIN B-2	$22.37
84255	ASSAY OF SELENIUM	$28.22
84260	ASSAY OF SEROTONIN	$34.25
84270	ASSAY OF SEX HORMONE GLOBUL	$24.02
84275	ASSAY OF SIALIC ACID	$14.85
84285	SILICA	$26.04
84295	ASSAY OF SERUM SODIUM	$5.32
84300	ASSAY OF URINE SODIUM	$5.38
84302	ASSAY OF SWEAT SODIUM	$5.43
84305	ASSAY OF SOMATOMEDIN	$21.92
84307	ASSAY OF SOMATOSTATIN	$20.22
84311	SPECTROPHOTOMETRY	$7.73
84315	BODY FLUID SPECIFIC GRAVITY	$2.77
84375	CHROMATOGRAM ASSAY, SUGARS	$21.67
84376	SUGARS, SINGLE, QUAL	$6.09
84377	SUGARS, MULTIPLE, QUAL	$6.09
84378	SUGARS SINGLE QUANT	$12.74
84379	SUGARS (MOMO-, DI- AND OLIGOSA	$12.74
84392	ASSAY OF URINE SULFATE	$5.25
84402	ASSAY OF TESTOSTERONE	$28.15
84403	ASSAY OF TOTAL TESTOSTERONE	$28.54
84425	ASSAY OF VITAMIN B-1	$23.48
84430	ASSAY OF THIOCYANATE	$12.86
84432	ASSAY OF THYROGLOBULIN	$17.76
84436	ASSAY OF TOTAL THYROXINE	$7.60
84437	ASSAY OF NEONATAL THYROXINE	$7.16
84439	ASSAY OF FREE THYROXINE	$9.97
84442	ASSAY OF THYROID ACTIVITY	$16.35
84443	ASSAY THYROID STIM HORMONE	$18.57
84445	ASSAY OF TSI	$56.22
84446	ASSAY OF VITAMIN E	$15.68
84450	UV-ASSAY TRANSAMINASE (SGOT)	$5.71
84460	UV-ASSAY TRANSAMINASE (SGPT)	$5.86
84466	ASSAY OF TRANSFERRIN	$14.12
84478	ASSAY OF TRIGLYCERIDES	$6.36
84479	ASSAY OF THYROID (T3 OR T4)	$7.16
84480	ASSAY, TRIIODOTHYRONINE (T3)	$15.68
84481	RIA ASSAY (FT-3)	$18.73
84482	REVERSE ASSAY (T3)	$17.42
84484	ASSAY OF TROPONIN, QUANT	$10.88
84485	ASSAY DUODENAL FLUID TRYPSIN	$8.30

Code	Code Description	Reimbursement Rate
84488	TEST FECES FOR TRYPSIN	$8.07
84490	ASSAY OF FECES FOR TRYPSIN	$8.42
84510	ASSAY OF TYROSINE	$11.50
84512	ASSAY OF TROPONIN, QUAL	$8.51
84520	ASSAY OF UREA NITROGEN	$4.36
84525	STICK-ASSAY BUN	$4.15
84540	ASSAY OF URINE/UREA-N	$5.25
84545	UREA-N CLEARANCE TEST	$7.30
84550	ASSAY OF BLOOD/URIC ACID	$5.00
84560	ASSAY OF URINE/URIC ACID	$5.25
84577	UROBILINOGEN, FECES, QUANTITAT	$13.79
84578	TEST URINE UROBILINOGEN	$3.58
84580	ASSAY OF URINE UROBILINOGEN	$7.85
84583	ASSAY OF URINE UROBILINOGEN	$5.56
84585	ASSAY OF URINE VMA	$17.14
84588	ASSAY OF VASOPRESSIN	$37.53
84590	ASSAY OF VITAMIN A	$12.82
84591	ASSAY OF NOS VITAMIN	$12.82
84597	ASSAY OF VITAMIN K	$15.15
84600	ASSAY OF VOLATILES	$17.77
84620	XYLOSE TOLERANCE TEST	$13.10
84630	ASSAY OF ZINC	$12.59
84681	ASSAY OF C-PEPTIDE	$21.64
84702	CHORIONIC GONADOTROPIN TEST	$16.64
84703	CHORIONIC GONADOTROPIN ASSAY	$8.30
84830	OVULATION TESTS	$9.86
85002	BLEEDING TIME TEST	$4.98
85004	AUTOMATED DIFF WBC COUNT	$7.23
85007	DIFFERENTIAL WBC COUNT	$3.81
85008	NONDIFFERENTIAL WBC COUNT	$3.81
85009	DIFFERENTIAL WBC COUNT	$4.11
85013	SPUN, MICROHEMATOCRIT	$2.62
85014	HEMATOCRIT	$2.62
85018	HEMOGLOBIN, COLORIMETRIC	$2.62
85025	AUTOMATED HEMOGRAM	$8.59
85027	AUTOMATED HEMOGRAM	$7.16
85032	MANUAL CELL COUNT, EACH	$4.81
85041	RED BLOOD CELL (RBC) COUNT	$3.33
85044	RETICULOCYTE COUNT	$4.75
85045	RETICUTOCYTE COUNT	$4.43
85046	RETICYTE/HGB CONCENTRATE	$6.18
85048	WHITE BLOOD CELL (WBC) COUNT	$2.82
85049	AUTOMATED PLATELET COUNT	$5.00
85060	BLOOD SMEAR INTERPRETATION	$20.58
85097	BONE MARROW INTERPRETATION	$65.53
85130	CHROMOGENIC SUBSTATE ASSAY	$13.15
85170	BLOOD CLOT RETRACTION SCREEN	$4.00
85175	BLOOD CLOT LYSIS TIME	$5.02
85210	BLOOD CLOT FACTOR II TEST	$14.36
85220	BLOOD CLOT FACTOR V TEST	$19.51
85230	BLOOD CLOT FACTOR VII TEST	$19.80
85240	BLOOD CLOT FACTOR VIII TEST	$19.80
85244	BLOOD CLOT FACTOR VIII TEST	$22.58
85245	BLOOD CLOT FACTOR VIII TEST	$25.38
85246	BLOOD CLOT FACTOR VIII TEST	$25.38
85247	BLOOD CLOT FACTOR VIII TEST	$25.38
85250	BLOOD CLOT FACTOR IX TEST	$21.05
85260	BLOOD CLOT FACTOR X TEST	$19.80
85270	BLOOD CLOT FACTOR XI TEST	$19.80
85280	BLOOD CLOT FACTOR XII TEST	$21.39
85290	BLOOD CLOT FACTOR XIII TEST	$18.06
85291	BLOOD CLOT FACTOR XIII TEST	$9.82
85292	BLOOD CLOT FACTOR ASSAY	$20.94
85293	BLOOD CLOT FACTOR ASSAY	$20.94
85300	ANTITHROMBIN III TEST	$13.10
85301	ANTITHROMBIN III TEST	$11.96
85302	BLOOD CLOT INHIBITOR ASSAY	$13.29
85303	BLOOD CLOT INHIBITOR TEST	$15.29
85305	BLOOD CLOT INHIBITOR ASSA	$12.82
85306	BLOOD CLOT INHIBITOR TEST	$16.94
85307	ASSAY ACTIVATED PROTEIN C	$16.94
85335	FACTOR INHIBITOR TEST	$14.24
85337	THROMBOMODULIN	$11.53
85345	COAGULATION TIME	$4.75
85347	COAGULATION TIME	$4.70
85348	COAGULATION TIME	$4.11

Code	Code Description	Reimbursement Rate
85360	EUGLOBULIN LYSIS	$9.29
85362	FIBRIN DEGRADATION PRODUCTS	$7.43
85366	FIBRINOGEN TEST	$9.29
85370	FIBRINOGEN TEST	$12.56
85378	FIBRIN DEGRADATION	$7.89
85379	FIBRIN DEGRADATION	$11.25
85380	FIBRIN DEGRADATION, VTE	$11.38
85384	FIBRINOGEN	$9.39
85385	FIBRINOGEN	$9.39
85390	FIBRINOLYSINS SCREEN	$5.70
85400	FIBRINOLYTIC PLASMIN	$9.78
85410	FIBRINOLYTIC ANTIPLASMIN	$8.53
85415	FIBRINOLYTIC PLASMINOGEN	$19.01
85420	FIBRINOLYTIC PLASMINOGEN	$7.23
85421	FIBRINOLYTIC PLASMINOGEN	$11.26
85441	HEINZ BODIES, DIRECT	$4.65
85445	HEINZ BODIES, INDUCED	$7.54
85460	HEMOGLOB / RBCS, FETAL, F/FETO	$8.55
85461	HEMOGLOBIN OR RBCS FETAL FOR	$7.34
85475	HEMOLYSIN ACID	$9.81
85520	HEPARIN ASSAY	$14.47
85525	NEUTRALIZE HEPARIN	$10.27
85530	HEPARIN-PROTAMINE TOLERANCE	$15.68
85536	IRON STAIN PERIPHERAL BLOOD	$7.16
85540	WBC ALKALINE PHOSPHATASE	$9.50
85547	MECHANCIAL FRAGALITY, RBC	$9.50
85549	SERUM MURAMIDASE	$20.74
85555	RBC OSMOTIC FRAGILITY	$7.39
85557	RBC OSMOTIC FRAGILITY	$14.77
85576	BLOOD PLATELET AGGREGATION	$23.75
85597	PLATELET NEUTRALIZATION	$19.87
85610	PROTHROMBIN TIME	$4.34
85611	PROTHROMBIN TEST	$4.36
85612	VIPER VENOM PROTHROMBIN TIME	$10.58
85613	RUSSELL VIPER VENOM, DILUTED	$10.58
85635	REPTILASE TEST	$10.89
85651	RBC SED RATE, NONAUTOMATED	$3.93
85652	RBC SED RATE, AUTOMATED	$2.98

Code	Code Description	Reimbursement Rate
85660	RBC SICKLE CELL TEST	$6.10
85670	THROMBIN TIME; PLASMA	$6.38
85675	THROMBIN TIME; TITER	$7.58
85705	THROMBOPLASTIN INHIBITION	$10.65
85730	THROMBOPLASTIN TIME, PARTIAL	$6.64
85732	THROMBOPLASTIN TIME, PARTIAL	$7.16
85810	BLOOD VISCOSITY EXAMINATION	$12.91
86000	AGGLUTININS, FEBRILE	$7.03
86001	ALLERGEN SPECIFIC IGG	$5.78
86003	ALLERGEN SPEC. IGE; QUANTIT/SE	$5.78
86021	WBC ANTIBODY IDENTIFICATION	$15.88
86022	PLATELET ANTIBODIES	$20.30
86023	IMMUNOGLOBULIN ASSAY	$13.77
86038	ANTINUCLEAR ANTIBODIES, RIA	$13.36
86039	ANTINUCLEAR ANTIBODIES TITER	$12.34
86060	ANTISTREPTOLYSIN O, TITER	$8.07
86063	ANTISTREPTOLYSIN O, SCREEN	$6.38
86077	PHYSICIAN BLOOD BANK SERVICE	$44.58
86078	PHYSICIAN BLOOD BANK SERVICE	$45.08
86079	PHYSICIAN BLOOD BANK SERVICE	$45.08
86140	C-REACTIVE PROTEIN	$5.72
86141	C-REACTIVE PROTEIN, HS	$14.31
86146	GLYCOPROTEIN ANTIBODY	$24.23
86147	CARDIOLIPIN ANTIBODY	$24.23
86148	ANTI-PHOSPHATIDYLSERINE ANTIB	$17.76
86155	CHEMOTAXIS ASSAY	$17.66
86156	COLD AGGLUTININ, SCREEN	$7.41
86157	COLD AGGLUTININ, TITER	$8.91
86160	COMPLEMENT, ANTIGEN	$13.27
86161	COMPLEMENT/FUNCTION ACTIVITY	$13.27
86162	COMPLEMENT; TOTAL (CH 50)	$22.46
86171	COMPLEMENT FIXATION, EACH	$11.08
86185	COUNTERELECTROPHORESIS, EAC	$9.90
86215	DEOXYRIBONUCLEASE, ANTIBODY	$14.66
86225	DNA ANTIBODY	$15.19
86226	DNA ANTIBODY	$13.38
86235	NUCLEAR ANTIGEN ANTIBODY	$18.96
86243	FC RECEPTOR ASSAY	$22.69

Code	Code Description	Reimbursement Rate
86255	FLUORESCENT ANTIBODY, SCREEN	$13.33
86256	FLUORESCENT ANTIBODY, TITER	$13.33
86277	GROWTH HORMONE ANTIBODY, RIA	$17.40
86280	HEMAGGLUTINATION INHIBITION	$9.05
86294	IMMUNOASSAY, TUMOR QUAL	$21.69
86300	*01IMMUNOASSAY, TUMOR CA 15-3	$23.01
86301	IMMUNOASSAY, TUMOR CA 19-9	$23.01
86304	IMMUNOASSAY, TUMOR, CA 125	$23.01
86308	HETEROPHILE ANTIBODIES SCREEN	$5.72
86309	HETEROPHILE ANTIBODIES TITER	$7.16
86310	HETEROPHILE ANTIBODIES	$8.15
86316	IMMUNOASSAY, TUMOR OTHER	$23.01
86317	IMMUNOASSAY, INFECTIOUS AGENT	$16.58
86318	IMMUNOASSAY F/INFECT AGENT AN	$14.31
86320	SERUM IMMUNOELECTROPHORESIS	$24.78
86325	OTHER IMMUNOELECTROPHORESIS	$24.72
86327	IMMUNOELECTROPHORESIS ASSAY	$25.08
86329	IMMUNODIFFUSION, EACH	$15.42
86331	IMMUNODIFFUSION OUCHTERLONY	$13.25
86332	ASSAY, CIQ PRECIPITIN	$26.94
86334	IMMUNIFIXATION PROCEDURE	$24.70
86337	INSULIN ANTIBODIES, RIA	$23.67
86340	INTRINSIC FACTOR ANTIBODY	$16.66
86341	ISLET CELL ANTIBODY	$18.38
86343	LEUKOCYTE HISTAMINE RELEASE	$13.78
86344	LEUKOCYTE PHAGOCYTOSIS	$8.83
86353	LYMPHOCYTE TRANSFORMATION	$54.20
86359	T CELLS	$41.70
86360	T CELL, ABSOLUTE COUNT/RATIO	$51.94
86361	T CELL, ABSOLUTE COUNT	$29.60
86376	MICROSOMAL ANTIBODY, RIA	$16.09
86378	MIGRATION INHIBITORY FACTOR	$21.78
86382	NEUTRALIZATION TEST, VIRAL	$18.69
86384	NITROBLUE TETRAZOLIUM DYE	$12.59
86403	PARTICLE AGGLUTINATION	$11.26
86406	PARTICLE AGGLUTINATION	$11.76
86430	RHEUMATOID FACTOR TEST	$6.28
86431	RHEUMATOID FATOR, QUANT	$6.28
86490	COCCIDIOIDOMYCOSIS SKIN TEST	$9.79
86510	HISTOPLASMOSIS SKIN TEST	$10.45
86580	TB INTRADERMAL TEST	$8.47
86585	TB TINE TEST	$6.54
86590	STREPTOKINASE, ANTIBODY	$12.19
86592	BLOOD SEROLOGY, QUALITATIVE	$4.72
86593	BLOOD SEROLOGY, QUANTITATIVE	$4.87
86602	ANTIBODY, ACTINOMYCES	$11.25
86603	ADENOVIRUS ANTIBODY	$14.23
86606	ANTIBODY, ASPERGILLUS	$16.64
86609	BACTERIUM ANTIBODY	$14.25
86611	BARTONELLA ANTIBODY	$11.25
86612	BLASTOMYCES ANTIBODY	$14.26
86615	ANTIBODY, BORDETELLA	$14.58
86617	ANTIBODY	$17.12
86618	ANTIBODY, LYME DISEASE	$18.83
86619	ANTIBODY; BORRELIA (RELAPSING	$14.79
86622	BRUCELLA ANTIBODY	$9.76
86625	CAMPYLOBACTER ANTIBODY	$14.50
86628	CANDIDA ANTIBODY	$13.28
86631	CHLAMYDIA ANTIBODY	$13.08
86632	CHLAMYDIA IGM ANTIBODY	$14.04
86635	COCCIDIOIDES ANTIBODY	$12.68
86638	ANTIBODY, Q FEVER	$13.40
86641	ANTIBODY, CRYPTOCOCCUS	$15.32
86644	ANTIBODY, CMV	$15.91
86645	ANTIBODY, CVM, 1GM	$18.62
86648	ANTIBODY, DIPHTHERIA	$15.48
86651	ANTIBODY, ENCEPHALITIS	$14.58
86652	ANTIBODY; ENCEPHALITIS, EASTER	$14.58
86653	ANTIBODY; ENCEPHALITIS, ST. LOIU	$14.58
86654	ANTIBODY; ENCEPHALITIS, WESTER	$14.58
86658	ENTEROVIRUS ANTIBODY	$14.41
86663	ANTIBODY, EPSTEIN - BARR	$14.50
86664	ANTIBODY, EPSTEIN - BARR	$16.91
86665	EPSTEIN-BARR ANTIBODY	$19.66
86666	EHRLICHIA ANTIBODY	$11.25
86668	ANTIBODY; FRANCISELLA TULAREN	$11.50

Code	Code Description	Reimbursement Rate
86671	FUNGUS ANTIBODY	$13.56
86674	GIARDIA LAMBLIA ANTIBODY	$16.27
86677	ANTIBODY, HELICOBACTER PYLORI	$16.04
86682	HELMINTH ANTIBODY	$14.38
86684	ANTIBODY, HEMOPHILUS INFLUENZ	$17.52
86687	HTLV-I ANTIBODY	$9.28
86688	HTLV-II ANTIBODY	$15.50
86689	HTLVI CONFIRM TEST	$21.40
86692	HEPATITIS, DELTA AGENT	$18.98
86694	ANTIBODY, HERPES SIMPLEX	$15.91
86695	ANTIBODY, HERPES SIMPLEX	$14.58
86696	HERPES SIMPLEX TYPE 2	$21.40
86698	ANTIBODY HISTOPLASMA	$13.82
86701	ANTIBOY, HIV - 1	$9.82
86702	ANTIBODY, HIV - 2	$14.95
86703	HIV-1/HIV-2, SINGLE ASSAY	$15.17
86704	HEP B CORE ANTIBODY, TOTAL	$13.33
86705	HEP B CORE ANTIBODY, IGM	$13.02
86706	HEP B SURFACE ANTIBODY	$11.87
86707	HEP BE ANTIBODY	$12.78
86708	HEP A ANTIBODY, TOTAL	$13.70
86709	HEP A ANTIBODY, IGM	$12.44
86710	INFLUENZA VIRUS ANTIBODY	$14.99
86713	LEGIONELLA ANTIBODY	$16.92
86717	ANTIBODY; LEISHMANIA	$13.54
86720	LEPTOSPIRA ANTIBODY	$12.43
86723	ANTIBODY; LISTERIA MONOCYTOGE	$14.58
86727	ANTIBODY; LYMPHOCYTIC CHORIO	$14.23
86729	ANTIBODY; LYMPHOGRANNULOMA	$13.21
86732	ANTIBODY; MUCORMYCOSIS	$14.58
86735	MUMPS ANTIBODY	$14.42
86738	MYCOPLASMA ANTIBODY	$14.65
86741	NEISSERIA MENINGITIDIS	$14.58
86744	NOCARDIA ANTIBODY	$14.58
86747	PARVOVIRUS ANTIBODY	$16.62
86750	ANTIBODY; PLASMODIUM (MALARIA)	$14.58
86753	PROTOZOA ANTIBODY NOS	$13.70
86756	RESPIRATORY VIRUS ANTIBODY	$14.25
86757	RICKETTSIA ANTIBODY	$21.40
86759	ROTAVIRUS ANTIBODY	$14.58
86762	RUBELLA ANTIBODY	$15.91
86765	RUBEOLA ANTIBODY	$14.25
86768	SALMONELLA ANTIBODY	$14.58
86771	SHIGELLA ANTIBODY	$14.58
86774	TETANUS ANTIBODY	$16.36
86777	TOXOPLASMA ANTIBODY	$15.91
86778	TOXOPLASMA ANTIBODY, IGM	$15.92
86781	TREPONEMA PALLIDUM, CONFIRM	$14.64
86784	TRICHINELLA ANTIBODY	$13.89
86787	VARICELLA-ZOSTER ANTIBODY	$14.25
86790	VIRUS ANTIBODY NOS	$14.25
86793	YERSINIA ANTIBODY	$14.58
86800	THYROGLOBULIN ANTIBODY, RIA	$17.58
86803	HEPATITIS C ANTIBODY	$15.78
86804	HEPATITIS C ANTIBODY;CONFIRM T	$17.12
86805	LYMPHOCYTOTOXICITY ASSAY	$49.27
86806	LYMPHOCYTHOTOXICITY ASSAY	$37.30
86807	CYTOTOXIC ANTIBODY SCREENING	$43.75
86808	CYTOTOXIC ANTIBODY SCREENING	$28.37
86812	HLA TYPING, A, B, OR C	$28.53
86813	HLA TYPING, A, B, AND/OR C	$54.69
86816	HLA TYPING, DR	$30.79
86817	HLA TYPING, DR	$71.18
86821	LYMPHOCYTE CULTURE, MIXED	$62.42
86822	HLA TYPING; LYMPHOCYTE CULTUR	$40.42
86880	COOMBS TEST	$5.94
86885	COOMBS TEST	$6.32
86886	COOMBS TEST	$5.72
86900	BLOOD TYPING, ABO ONLY	$3.30
86903	BLOOD TYPING, ANTIGEN SCREEN	$10.44
86904	BLOOD TYPING, ANTIGEN SCREEN	$10.51
86905	BLOOD TYPING, RBC ANTIGENS	$4.22
86906	BLOOD TYPING, RH PHENOTYPE	$8.57
86940	HEMOLYSINS/AGGLUTININS, AUTO	$9.06
86941	HEMOLYSINS AND AGGLUTININS	$13.38
87001	SMALL ANIMAL INOCULATION	$14.62

Code	Code Description	Reimbursement Rate
87003	SMALL ANIMAL INOCULATION	$18.61
87015	SPECIMEN CONCENTRATION	$7.38
87040	BLOOD CULTURE FOR BACTERIA	$11.42
87045	FECES CULTURE, BACTERIA	$10.43
87046	STOOL CULTR, BACTERIA, EACH	$2.61
87070	CULTURE, BACTERIA, OTHER	$9.52
87071	CULTURE BACTERI AEROBIC OTHR	$5.22
87073	CULTURE BACTERIA ANAEROBIC	$5.22
87075	CULTURE BACTERIA ANAEROBIC	$10.46
87076	CULTURE ANAEROBE IDENT, EACH	$8.93
87077	CULTURE AEROBIC IDENTIFY	$8.93
87081	CULTURE SCREEN ONLY	$7.33
87084	CULTURE OF SPECIMEN BY KIT	$9.52
87086	URINE CULTURE/COLONY COUNT	$8.93
87088	URINE BACTERIA CULTURE	$8.09
87101	SKIN FUNGI CULTURE	$8.53
87102	FUNGUS ISOLATION CULTURE	$9.29
87103	BLOOD FUNGUS CULTURE	$9.97
87106	FUNGI IDENTIFICATION, YEAST	$11.42
87107	FUNGI IDENTIFICATION, MOLD	$11.42
87109	MYCOPLASMA	$17.01
87110	CHLAMYDIA CULTURE	$21.66
87116	MYCOBACTERIA CULTURE	$11.40
87118	MYCOBACTERIC IDENTIFICATION	$12.10
87140	CULTUR TYPE IMMUNOFLUORESC	$6.17
87143	CULTURE TYPING, GLC/HPLC	$13.86
87147	CULTURE TYPE, IMMUNOLOGIC	$5.58
87149	CULTURE TYPE, NUCLEIC ACID	$22.17
87152	CULTURE TYPE PULSE FIELD GEL	$5.78
87158	CULTURE TYPING, ADDED METHOD	$5.78
87164	DARK FIELD EXAMINATION	$11.87
87166	DARK FIELD EXAMINATION	$12.49
87168	MACROSCOPIC EXAM ARTHROPOD	$4.72
87169	MACACROSCOPIC EXAM PARASITE	$4.72
87172	PINWORM EXAM	$4.72
87176	TISSUE HOMOGENIZATION, CULTR	$6.50
87177	OVA AND PARASITES SMEARS	$9.84
87181	MICROBE SUSCEPTIBLE, DIFFUSE	$2.50
87184	MICROBE SUSCEPTIBLE, DISK	$7.62
87185	MICROBE SUSCEPTIBLE, ENZYME	$2.50
87186	MICROBE SUSCEPTIBLE, MIC	$9.55
87187	MICROBE SUSCEPTIBLE, MLC	$11.46
87188	MICROBE SUSCEPT, MACROBROTH	$7.34
87190	MICROBE SUSCEPT, MYCOBACTERI	$5.84
87197	BACTERICIDAL LEVEL, SERUM	$16.54
87205	SMEAR, GRAM STAIN	$4.72
87206	SMEAR, FLUORESCENT/ACID STAI	$5.94
87207	SMEAR, SPECIAL STAIN	$6.62
87210	SMEAR, WET MOUNT, SALINE/INK	$4.72
87220	TISSUE EXAM FOR FUNGI	$4.72
87230	ASSAY, TOXIN OR ANTITOXIN	$21.82
87250	VIRUS INOCULATE, EGGS/ANIMAL	$21.62
87252	VIRUS INOCULATION, TISSUE	$28.82
87253	VIRUS INOCULATE TISSUE, ADDL	$16.24
87254	VIRUS INOCULATION, SHELL VIA	$5.41
87255	GENET VIRUS ISOLATE, HSV	$37.85
87260	ADENOVIRUS AG, IF	$10.27
87265	PERTUSSIS AG, IF	$10.27
87267	ENTEROVIRUS ANITBODY, DFA	$10.38
87270	CHLAMYDIA TRACHOMATIS AG, IF	$10.27
87271	CRYPTOSPORIDUM/GARDIA AG, IF	$10.38
87272	CRYPTOSPORIDUM/GARDIA AG, IF	$10.27
87273	HERPES SIMPLEX 2, AG, IF	$10.27
87274	HERPES SIMPLEX 1, AG, IF	$10.27
87275	INFLUENZA B, AG, IF	$10.27
87276	INFLUENZA A, AG, IF	$10.27
87277	INFECTIOUS AGENT ANTIGEN DETE	$10.27
87278	LEGION PNEUMOPHILIA AG, IF	$10.27
87279	PARAINFLUENZA, AG, IF	$10.27
87280	RESPIRATORY SYNCYTIAL AG, IF	$10.27
87281	PNEUMOCYSTIS CARINII, AG, IF	$10.27
87283	INFECTIOUS AGENT ANTIGEN DETE	$10.27
87285	TREPONEMA PALLIDUM, AG, IF	$10.27
87290	VARICELLA ZOSTER, AG, IF	$10.27
87299	ANTIBODY DETECTION, NOS, IF	$10.27
87300	AG DETECTION, POLYVAL, IF	$5.14

Code	Code Description	Reimbursement Rate
87301	INFECT AGT ANTIG DETEC BY ENZY	$10.27
87320	INFEC AGT DETEC BY ENZYME IMM	$10.27
87324	CLOSTRIDIUM AG, EIA	$10.27
87327	CRYPTOCOCCUS NEOFORM AG, EIA	$10.27
87328	INFECT AGT ANTIGEN DET BY ENZY	$10.27
87332	INFECT AGT ANTIGEN DET BY ENZY	$10.27
87335	INFECT AGT ANTIGEN DET BY ENZY	$10.27
87336	ENTAMOEB HIST DISPR, AG, EIA	$10.27
87337	ENTAMOEB HIST GROUP, AG, EIA	$10.27
87338	HPYLORI, STOOL, EIA	$15.90
87339	H PYLORI AG, EIA	$10.27
87340	INFECT AGT ANTIGEN DETEC BY EN	$11.42
87341	HEPATITIS B SURFACE, AG, EIA	$11.42
87350	HEPATITIS BE AG, EIA	$12.74
87380	INFECT AGT ANTIG DET BY ENZYME	$18.15
87385	INFECT AGT ANT DET BY ENZYME IM	$10.27
87390	INFECT AGT ANT DET BY ENZYME IM	$19.50
87391	INFECT AGT ANT DET BY ENZYME IM	$19.50
87400	INFLUENZA A/B, AG, EIA	$10.27
87420	INFECT AGT ANT DET BY ENZYME IM	$10.27
87425	INFEDT AGT ANT DET BGY ENZYME I	$10.27
87427	SHIGA-LIKE TOXIN AG, EIA	$10.27
87430	INFECT AGT ANT DET BY ENZYME IM	$10.27
87449	AG DETECT NOS, EIA, MULT	$10.27
87450	AG DETECT NOS, EIA, SINGLE	$6.03
87451	AG DETECT POLYVAL, EIA, MULT	$6.03
87470	INFECT AGT DET BY NUCL ACID DNA	$22.17
87471	INFECT AGT DET BY NUCL ACID DNA	$38.80
87472	INFECTIOUS AGENT DETECTION BY	$47.36
87475	INFECTIOUS AGENT DETECTION BY	$22.17
87476	INFECT AGT DET BY NUCL ACID DNA	$38.80
87477	INFECTIOUS AGENT DETECTION BY	$47.36
87480	INFECT AGT DET BY NUCL ACID DNA	$22.17
87481	INFECT AGT DET BY NUCL ACID DNA	$38.80
87482	INFECTIOUS AGENT DETECTION BY	$46.15
87485	INFECT AGT DET BY NUCL ACID DNA	$22.17
87486	INFECT AGT DET BY NUCL ACID DNA	$38.80
87487	INFECTIOUS AGENT DETECTION BY	$47.36
87490	INFECT AGT DET BY NUCL ACID DNA	$22.17
87491	INFECT AGT DET BY NUCL ACID DNA	$38.80
87492	INFECTIOUS AGENT DETECTION BY	$38.65
87495	INFECT AGT DET BY NUCL ACID DNA	$22.17
87496	INFECT AGT DET BY NUCL ACID DNA	$38.80
87497	INFECT AGT DET BY NUCL ACID DNA	$47.36
87510	INFECT AGT DET BY NUCL ACID DNA	$22.17
87511	INFECT AGT DET BY NUCL ACID DNA	$38.80
87512	INFECT AGT DET BY NUCL ACID DNA	$46.15
87515	INFECT AGT DET BY NUCL ACID DNA	$22.17
87516	HEPATITIS B, DNA, AMP PROBE	$38.80
87517	HEPATITIS B, DNA, QUANT	$47.36
87520	HEPATITIS C, RNA, DIR PROBE	$22.17
87521	HEPATITIS C, RNA, AMP PROBE	$38.80
87522	INFECT AGT DET BY NUCL ACID DNA	$47.36
87525	HEPATITIS G, DNA, DIR PROBE	$22.17
87526	INFECT AGT DET BY NUCL ACID DNA	$38.80
87527	INFECT AGT DET BY NUCL ACID DNA	$46.15
87528	INFECT AGT DET BY NUCL ACID DNA	$22.17
87529	INFECT AGT DET BY NUCL ACID DNA	$38.80
87530	INFECT AGT DET BY NUCL ACID DNA	$47.36
87531	INFECT AGY DET BY NUCL ACID DNA	$22.17
87532	INFECT AGT DET BY NUCL ACID DNA	$38.80
87533	INFECTIOUS AGENT DETECTION BY	$46.15
87534	INFECT AGT DET BY NUCL ACID DNA	$22.17
87535	INFECT AGT DET BY NUCL ACID DNA	$38.80
87536	INFECT AGT DET BY NUCL ACID DNA	$94.07
87537	INFECTIOUS AGENT DETECTION BY	$22.17
87538	INFECT AGT DET BY NUCL ACID DNA	$38.80
87539	INFECTIOUS AGENT DETECTION BY	$47.36
87540	INFECTIOUS AGENT DETECTION BY	$22.17
87541	INFECTIOUS AGENT DETECTION BY	$38.80
87542	INFECTIOUS AGENT DETECTION BY	$46.15
87550	INFECT AGT DET BY NUCL ACID DNA	$22.17
87551	INFECT AGT DET BY NUCL ACID DNA	$38.80
87552	INFECT AGT DET BY NUCL ACID DNA	$47.36
87555	INFECT AGT DET BY NUCL ACID DNA	$22.17
87556	INFECT AGT DET BY NUCL ACID DNA	$38.80

Code	Code Description	Reimbursement Rate
87557	INFECTIOUS AGENT DETECTION BY	$47.36
87560	INFECT AGT DET BY NUCL ACID DNA	$22.17
87561	INFECT AGT DET BY NUCL ACID DNA	$38.80
87562	INFECTIOUS AGENT DETECTION BY	$47.36
87580	INFECTIOUS AGENT DETECTION BY	$22.17
87581	INFECT AGT DET BY NUCL ACID DNA	$38.80
87582	INFECT AGT DET BY NUCL ACID DNA	$46.15
87590	INFECT AGT DET BY NUCL ACID DNA	$22.17
87591	INFECT AGT DET BY NUCL ACID DNA	$38.80
87592	INFECT AGT DET BY NUCL ACID DNA	$47.36
87620	INFECT AGT DET BY NUCL ACID DNA	$22.17
87621	INFECT AGT DET BY NUCL ACID DNA	$38.80
87622	INFECT AGT DET BY NUCL ACID DNA	$46.15
87650	INFECT AGT DET BY NUCL ACID DNA	$22.17
87651	INFECT AGT DET BY NUCL ACID DNA	$38.80
87652	INFECTIOUS AGENT DETECTION BY	$46.15
87797	DETECT AGENT NOS, DNA, DIR	$22.17
87798	DETECT AGENT NOS, DNA, AMP	$38.80
87799	DETECT AGENT NOS, DNA, QUANT	$47.36
87800	DETECT AGNT MULT, DNA, DIREC	$22.17
87801	DETECT AGNT MULT, DNA, AMPLI	$38.80
87802	STREP B ASSAY W/OPTIC	$10.27
87803	CLOSTRIDIUM TOXIN A W/OPTIC	$10.27
87804	INFECTIOUS AGENT DETECTION BY	$10.27
87810	INFECT AGT DET BY IMMUNO WITH	$10.27
87850	INFECT AGT DET BY IMMUNA WITH	$10.27
87880	INFECT AGT DET BY IMMUNO WITH	$10.27
87899	INFECT AGT DET BY IMMUNO WITH	$10.27
87901	GENOTYPE, DNA, HIV REVERSE T	$284.62
87902	GENOTYPE, DNA, HEPATITIS C	$284.62
87903	PHENOTYPE, DNA HIV W/CULTURE	$540.23
88104	CYTOPATHOLOGY	$41.98
88106	CYTOPATHOLOGY	$41.98
88107	CYTOPATHOLOGY	$57.94
88108	CYTOPATHOLOGY	$49.24
88130	SEX CHROMATIN IDENTIFICATION	$16.63
88140	SEX CHROMATIN IDENTIFICATION	$8.84
88141	CYTOPATH, C/V, INTERPRET	$19.38
88142	CYTOPATH, C/V, THIN LAYER	$22.40
88143	CYTOPATH, C/V, THIN LYR REDO	$19.60
88147	CYTOPATH, C/V, AUTOMATED	$12.58
88148	CYTOPATH, C/V, AUTO RESCREEN	$16.80
88150	CYTOPATH, C/V, MANUAL	$11.68
88152	CYTOPATH, C/V, AUTO REDO	$11.68
88153	CYTOPATH, C/V, REDO	$11.68
88154	CYTOPATH, C/V, SELECT	$11.68
88155	CYTOPATH, C/V, INDEX ADD-ON	$6.62
88160	CYTOPATHOLOGY	$49.71
88161	CYTOPATHOLOGY	$56.64
88162	CYTOPATHOLOGY, EXTENSIVE	$48.70
88164	CYTOPATH TBS, C/V, MANUAL	$11.68
88165	CYTOPATH TBS, C/V, REDO	$11.68
88166	CYTOPATH TBS, C/V, AUTO REDO	$11.68
88167	CYTOPATHOLOGY, SLIDES, CERVIC	$11.68
88172	CYTOPATHOLOGY EVAL OF FNA	$41.89
88173	CYTOPATH EVAL, FNA, REPORT	$103.82
88174	CYTOPATH, C/V AUTO, IN FLUID	$23.88
88175	CYTOPATH, C/V AUTO FLUID REDO	$29.61
88180	CELL MARKER STUDY	$31.63
88230	TISSUE CULTURE, LYMPHOCYTE	$128.80
88233	TISSUE CULTURE, SKIN/BIOPSY	$155.59
88235	TISSUE CULTURE, PLACENTA	$162.80
88237	TISSUE CULTURE, BONE MARROW	$139.64
88239	TISSUE CULTURE, TUMOR	$163.10
88240	CELL CRYOPRESERVE/STORAGE	$8.12
88241	FROZEN CELL PREPARATION	$8.12
88245	CHROMOSOME ANALYSIS, 20-25	$154.08
88248	CHROMOSOME ANALYSIS, 50-100	$191.46
88249	CHROMOSOME ANALYSIS, 100	$191.46
88261	CHROMOSOME ANALYSIS, 5	$195.39
88262	CHROMOSOME ANALYSIS, 15-20	$137.80
88263	CHROMOSOME ANALYSIS, 45	$140.50
88264	CHROMOSOME ANALYSIS, 20-25	$137.80
88267	CHROMOSOME ANALYS, PLACENTA	$198.75
88269	CHROMOSOME ANALYS, AMNIOTIC	$183.88
88271	CYTOGENETICS, DNA PROBE	$23.68

Code	Code Description	Reimbursement Rate
88272	CYTOGENETICS, 3-5	$29.60
88273	CYTOGENETICS, 10-30	$35.52
88274	CYTOGENETICS, 25-99	$38.48
88275	CYTOGENETICS, 100-300	$44.40
88280	CHROMOSOME COUNT: ADDITIONAL	$27.74
88283	CHROMOSOME BANDING STUDY	$9.86
88285	CHROMOSOME COUNT, ADDITIONAL	$21.01
88289	CHROMOSOME STUDY, ADDITIONAL	$12.25
88291	CYTO/MOLECULAR REPORT	$24.04
88300	SURGICAL PATH, GROSS	$14.22
88302	SURGICAL PATHOLOGY, COMPLETE	$28.89
88304	TISSUE EXAM BY PATHOLOGIST	$38.90
88305	TISSUE EXAM BY PATHOLOGIST	$83.03
88307	TISSUE EXAM BY PATHOLOGIST	$141.06
88309	SURGICAL PATHOLOGY, COMPLETE	$185.47
88311	DECALCIFY TISSUE	$14.82
88312	SPECIAL STAINS	$73.09
88313	SPECIAL STAINS	$56.38
88314	HISTOCHEMICAL STAIN	$43.23
88318	CHEMICAL HISTOCHEMISTRY	$32.86
88319	ENZYME HISTOCHEMISTRY	$98.13
88321	MICROSLIDE CONSULTATION	$60.98
88323	MICROSLIDE CONSULTATION	$88.41
88325	COMPREHENSIVE REVIEW OF DATA	$102.42
88329	PATH CONSULT INTROP	$32.58
88331	PATH CONSULT INTRAOP, 1 BLOC	$67.02
88332	PATH CONSULT INTRAOP, ADDL	$34.65
88342	IMMUNOCYTOCHEMISTRY	$74.54
88346	IMMUNOFLUORESCENT STUDY	$67.26
88347	IMMUNOFLUORESCENT STUDY	$90.35
88348	ELECTRON MICROSCOPY	$278.79
88349	SCANNING ELECTRON MICROSCOP	$306.15
88355	ANALYSIS, SKELETAL MUSCLE	$139.38
88356	ANALYSIS, NERVE	$260.38
88358	ANALYSIS, TUMOR	$148.72
88362	NERVE TEASING PREPARATIONS	$180.51
88371	PROTEIN ANALYSIS OF TISSUE BY	$24.57
88372	PROTEIN ANALYSIS W/PROBE	$25.15
88400	BILIRUBIN, TOTAL, TRANSCUTANEO	$2.78
89050	BODY FLUID CELL COUNT	$5.22
89051	BODY FLUID CELL COUNT	$6.09
89055	LEUKOCYTE COUNT, FECAL	$4.77
89060	CRYSTAL IDENTIF LIGHT MICRO	$7.90
89100	SAMPLE INTESTINAL CONTENTS	$60.46
89105	SAMPLE INTESTINAL CONTENTS	$55.92
89125	SPECIMEN FAT STAIN	$4.77
89130	SAMPLE STOMACH CONTENTS	$52.90
89132	SAMPLE STOMACH CONTENTS	$25.88
89135	SAMPLE STOMACH CONTENTS	$70.84
89136	GASTRIC INTUBATION, ASPIRATION,	$41.83
89140	GASTRIC INTUBATION, ASPIRATION,	$71.63
89141	GASTRIC INTUBATION, ASPIRATION,	$85.20
89160	EXAM FECES FOR MEAT FIBERS	$4.07
89190	NASAL SMEAR FOR EOSINOPHILS	$5.25
89310	SEMEN ANALYSIS; PRESNECE AND/	$9.51
89350	SPUTUM SPECIMEN COLLECTION	$13.42
89355	STARCH GRANULES, FECES	$3.70
89360	COLLECT SWEAT FOR TEST	$14.74
89365	WATER LOAD TEST	$6.09

The following CPT codes will be reimbursed based on review by EDS staff (By Report).

Code	Code Description	Reimbursement
81099	URINALYSIS TEST PROCEDURE	By Report
84999	CLINICAL CHEMISTRY TEST	By Report
85999	HEMATOLOGY PROCEDURE	By Report
86336	INHIBIN A	By Report
86485	SKIN TEST, CANDIDA	By Report
86586	SKIN TEST, UNLISTED	By Report
86849	IMMUNOLOGY PROCEDURE	By Report
86920	COMPATIBILITY TEST	By Report
86921	COMPATIBILITY TEST	By Report
86922	COMPATIBILITY TEST	By Report
86927	PLASMA, FRESH FROZEN	By Report
86930	BLOOD UNIT SERVICE	By Report
86931	FROZEN BLOOD, PREPARATION FOR FREEZING, EACH U	By Report
86932	FROZEN BLOOD FREEZE/THAW	By Report
86999	IMMUNOLOGY PROCEDURE	By Report
87999	MICROBIOLOGY PROCEDURE	By Report
88199	CYTOPATHOLOGY PROCEDURE	By Report
88299	CYTOGENETIC STUDY	By Report
88380	MICRODISSECTION (EG, MECHANICAL, LASER CAPTURE)	By Report
88399	SURGICAL PATHOLOGY PROCEDURE	By Report
89399	PATHOLOGY LAB PROCEDURE	By Report

The following CPT codes will be reimbursed at a rate not to exceed the amounts listed below.

Code	Code Description	Reimbursement Rate
80055	OBSTETRIC PROFILE	$37.99
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY I	$4.49
86850	RBC ANTIBODY SCREEN	$9.12
86860	RBC ANTIBODY SCREEN	$22.80
86870	RBC ANTIBODY IDENTIFICATION	$19.00
86901	BLOOD TYPING, RH(D)	$5.32
86945	BLOOD PRODUCT/IRRADIATION	$25.16
86970	PRETREATMENT RBC, DRUGS	$17.28
86971	PRETREATMENT RBC, DILUTION	$17.28
86972	PRETREATMENT OF RBCs FOR USE IN RBC ANTIBODY DETECTI	$16.65
86975	PRETREATMENT SERUM, DRUGS	$16.65
86976	RBC PRETREATMENT,SERUM	$16.65
86977	RBC PRETREATMENT, SERUM	$16.65
86978	RBC PRETREATMENT, SERUM	$19.97
Z2004	SURGICAL PATHOLOGY, GR/MX, ABORTION DERIVED TISSUE	$30.40
Z2500	NEWBORN SCREENING TESTS FOR PKU	$59.00

Terms and Conditions

General Contractor Terms and Conditions

1. Contractor shall comply with all terms of this contract, including, but not limited to, the Standard Agreement (Exhibit A1), Scope of Work (Exhibit A), Payment Provisions (Exhibit B), Terms and Conditions (Exhibit C), Notice to Licensed Practitioners Regarding the Medi-Cal Program (Exhibit D), and the Contractor's Application (Exhibit E).

2. Contractor agrees to implement and enforce all Fiscal and Management Anti-Fraud Activities described by Contractor in Exhibit A, Attachment 1.

3. Contractor agrees to implement and enforce the Clinical Laboratory Compliance Program described by Contractor in Exhibit A, Attachment 2.

4. Contractor shall comply with all applicable laws including Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, the Clinical Laboratory Laws, found at Business and Professions (B&P) Code Section 1200 et. seq., and the Clinical Laboratory Improvement Amendments of 1988 (CLIA).

5. Contractor shall notify the Department of Health Services (DHS), in writing, as required pursuant to B&P Code Section 1265 of any changes in ownership or directorship within 30 days of said change, or sooner if a "major change of laboratory directorship" or "major change of ownership" (defined at B&P 1211) occurs. DHS reserves the right to terminate the contract upon a major change of ownership or directorship.

6. Contractor must obtain consent from all laboratory directors and owners, including any laboratory directors or owners added to the clinical laboratory after the execution of this contract, agreeing to all terms and conditions of this contract. Attachment 10 must be signed by the new laboratory directors/owners and submitted to DHS within 5 business days of said change. Failure to submit a completed Attachment 10 within 5 business days shall result in immediate termination of this contract.

7. Contractor shall not assign this Contract or any of its rights hereunder, nor delegate any of its duties hereunder without the prior written consent of DHS. Any unauthorized attempt to assign or delegate shall be void.

8. Contractor shall notify DHS within 5 business days if it becomes suspended from participation in the Medicare program.

9. Contractor shall not have had a federal, California, or another state's licensing, certification, or approval authority's license, certificate, or other approval to provide health care services, revoked or suspended; nor shall Contractor have otherwise lost that/those license(s), certificate(s), or approval(s) while a disciplinary hearing on that license, certificate, or approval was pending.

10. Contractor, its employees, spouses, or children and the laboratory director(s), their employees, spouses or children shall not have been convicted of any felony or any misdemeanor involving fraud, abuse of the Medi-Cal program or abuse of any patient, or otherwise substantially related to the qualifications, functions, or duties of a provider of service, or in connection with the interference with or obstruction of any investigation into health care related fraud or abuse or that has been found liable for fraud or abuse in any civil proceeding, or that has entered into a settlement in lieu of conviction for fraud or abuse in any government program.

11. Contractor agrees to notify DHS within 10 business days of learning that Contractor is under investigation for fraud or abuse pursuant to Subpart A (commencing with Section 455.12) of Part 455 of Title 42 of the Code of Federal Regulations.

12. Contractor agrees to notify DHS within 10 business days of learning that a restriction has been placed on Contractor's license, certificate, or other approval to provide health care and to provide DHS with complete information related to any restriction to, or revocation or loss of, Contractor's license, certificate, or other approval to provide health care services.

13. Contractor shall not deny DHS' request to examine or receive copies of the books and records pertaining to services rendered to Beneficiaries.

14. Contractor agrees to remediate discrepancies that are discovered as a result of an unannounced visit to Contractor.

15. Contractor shall disclose all information completely and truthfully as requested in this RFA/Contract, in federal Medicaid regulations or as requested by DHS.

16. Contractor shall not have failed to pay fines, penalties or overpayments assessed by the Medicare or Medicaid program.

17. Contractor understands and agrees that, in lieu of or in addition to any actions authorized under this contract, Contractor shall be subject to any action, sanction or penalty authorized under Chapter 3 (commencing with Section 1200) of Division 2 of the B&P Code and the regulations adopted thereunder and Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions (W&I) Code or the regulations adopted thereunder, including but not limited to utilization controls, special claims review, limitations of codes and related services, withholding of payments, suspension, temporary or not, civil money penalties, and recoupment of overpayments.

Contract Term

The term of the contract will be twenty-four (24) months and is anticipated to be effective October 1, 2004 through September 30, 2006. The term of the agreement may change if DHS makes an award earlier than expected or if DHS cannot execute the agreement in a timely manner due to unforeseen delays.

The Contractor shall notify DHS of its intent to accept or reject the extension within ten (10) working days of the receipt of the notice from DHS. The Contractor's failure to notify DHS within ten (10) working days of the Contractor's intent to accept or reject the extension will constitute a rejection of the extension.

DHS may, if it determined that it is in the best interest of the state, renew the contract. DHS shall have the exclusive option to extend the term of the Contract during the last 6 months of the Contract, as determined by the original termination date or by a new termination date if an extension has been exercised. DHS may invoke successive extensions of up to one (1) year each. DHS shall give the Contractor at least 90 days prior written notice if DHS chooses to extend the Contract.

Cancellation/Termination

A. This Contract may be cancelled by DHS without cause upon thirty (30) calendar days advance written notice to the Contractor.

B. DHS reserves the right to cancel or terminate this Contract immediately for cause. The term "for cause" shall mean that the Contractor fails to meet the terms, conditions, and/or responsibilities of this Contract. Cause for termination shall also include the following grounds:

   1. A determination by DHS that any of the grounds for denying, suspending or revoking a clinical license identified in B&P Code Section 1320 exist.

   2. There is a material discrepancy in any information provided to the DHS, including the requirements for enrollment or contract requirements that is discovered after the Contractor has been enrolled as a Medi-Cal provider, or after the contract has been executed, that cannot be corrected because the discrepancy occurred in the past.

   3. The Contractor provided material information that was false or misleading at the time it was provided.

   4. The Contractor failed to have an established place of business at the business address for which an application package or contract was submitted at the time of any onsite inspection, announced or unannounced visit, or any additional inspection or review conducted by DHS.

   5. The Contractor fails to possess either of the following:

      a. The appropriate licenses, permits, certificates, or other approvals needed to operate a clinical laboratory at the location identified in the contract; or

      b. The business or zoning permits or other approvals necessary to operate a business at the location identified in the contract.

6. The Contractor submits claims for payment that subject a provider to suspension under W&I Code Section 14043.61.

7. The Contractor submits claims for payment for clinical laboratory tests or examinations rendered at a location other than the location for which the provider number was issued.

8. The Contractor has not paid its fine, or has a debt due and owing, including overpayments and penalty assessments, to any federal, state, or local government entity that relates to Medicare, Medicaid, Medi-Cal, or any other federal or state health care program, and has not made satisfactory arrangements to fulfill the obligation or otherwise been excused by legal process from fulfilling the obligation.

9. The Contractor is under investigation for fraud or abuse by DHS or any other state, local, or federal government law enforcement agency pursuant to Subpart A (commencing with Section 455.12) of Part 455 of Title 42 of the Code of Federal Regulations (CFR).

10. A withhold of payments has been imposed on the Contractor pursuant to W&I Code Section 14107.11(a)(2).

11. Thee Contractor has failed to comply with a request to enter, inspect, photograph or copy any records, reports, test results, or secure any samples or other evidence, on an announced or unannounced basis made pursuant to W&I Code Section 14124.2 or B&P Code Section 1225.

12. The Contractor has a license, certificate, or other approval to provide health care, which is revoked or suspended by a federal, California, or another state's licensing, certification, or approval authority, has otherwise lost that license, certificate, or approval, or has surrendered that license, certificate, or approval while a disciplinary hearing on that license, certificate, or approval was pending.

13. The contractor fails to remediate significant discrepancies in information provided to DHS by the Contractor or significant discrepancies that are discovered as a result of an announced or unannounced visit to the Contractor.

14. The Contractor has been placed upon procedure code limitations, utilization controls or special claims review; or any combination of these actions, on two or more occasions within a two-year period.

15. The Contractor has been convicted of any felony or any misdemeanor involving fraud, abuse of the Medi-Cal program or any patient, or otherwise substantially related to the qualifications, functions, or duties of a provider of service, or in connection with the interference with or obstruction of any investigation into health care related fraud or abuse or that has been found liable for fraud or abuse in any civil proceeding, or that has entered into a settlement in lieu of conviction for fraud or

abuse in any government program. If the Contractor is a clinic, group, corporation, or other association, conviction of any officer, director, or shareholder with a 5 percent or greater interest in that organization, of such a crime shall be cause for termination of the contract.

16. The director receives written notification from the Secretary of the United States Department of Health and Human Services that the Contractor has been suspended from participation in the Medicare or Medicaid programs.

17. The Contractor has violated any provision of Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the W&I Code or any rule or regulation promulgated pursuant to those chapters;

    a. Notwithstanding any other provision of this contract, including No. 17 of the "Terms and Conditions," the Contractor understands and agrees that if the Contractor is noticed that the contract is terminated based upon any of the grounds listed in subdivision (b), the Contractor 's exclusive remedy for the action, sanction or penalty which comprises the ground shall be the dispute resolution process provided for in this contract and shall not be any remedies, hearings or appeals set forth in the B&P Code or the W&I Code or the regulations adopted thereunder. The Contractor further understands and agrees that the Contractor's exclusive remedy if the contract is terminated shall be the dispute resolution process provided for in this contract.

    b. Notwithstanding subdivision (c) proceedings to deny, suspend, or revoke a license under B&P Code Section 1325 based solely on exclusion under the Medicaid program shall be conducted in accordance with Health and Safety Code Section 100171.

    c. The Contractor may submit a written notice to terminate this Contract with or without cause within thirty-five (35) calendar days of such intended termination.

    d. Contract termination or cancellation shall be effective as of the date indicated by Contractor or as specified in DHS' notification to the Contractor. The notice shall stipulate any final performance, invoicing or payment requirements.

    e. In the event of termination or cancellation, the Contractor shall be entitled to compensation for clinical laboratory tests or examinations performed satisfactorily under this Contract incurred up to the date of cancellation.

Governing Law

This Contract is governed by and shall be interpreted in accordance with the laws of the State of California.

Conflict with Existing Law

The Contractor and the State agree that if any provision of this Contract is found to be illegal or unenforceable, such term or provision shall be deemed stricken and the remainder of the Contract shall remain in full force and effect. Either party having knowledge of such term or provision shall promptly inform the other of the presumed non-applicability of such provision. Should the offending provision go to the heart of the Contract, the Contract shall terminate in a manner commensurate with the interests of both parties, to the maximum extent reasonable.

Non-Discrimination Clause

a. During the performance of this Contract, Contractor and its subcontractor*s* shall not unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (cancer), age (over 40*),* marital status, and denial of family care leave. Contractor and subcontractor*s* shall insure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Contractor and subcontractors shall comply with the provision*s* of the Fair Employment and Housing Act (Government Code Section 12990 (a-f) et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations (CCR), Title 2, Section 7285 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code Section 12990 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the CCR, are incorporated into this Contract by reference and made a part hereof as if set forth in full. Contractor and its subcontractor*s* shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other Contract.

b. Contractor agrees that it shall not exclude or deny aid, care, service or other benefits available under Medi-Cal or in any other way discriminate against a person because of that person's race, color, ancestry, marital status, national origin, gender, age, economic status, physical or mental disability, political or religious affiliation or beliefs in accordance with California and federal laws. Contractor further agrees that it shall provide aid, care, service, clinical laboratory tests or examinations, or other benefits available under Medi-Cal to Beneficiaries in the same manner, by the same methods, and at the same scope, level, and quality as provided to the general public.

Contract Amendments

Should either party, during the term of this Contract, desire a change in the Contract, that change shall be requested in writing to the other party.

The other party will acknowledge receipt of the requested change for Contract amendment within ten (10) calendar days of receipt of the request. The party requesting any such change shall have the right to withdraw the request any time prior to acceptance or

rejection by the other party. Any request shall set forth a detailed explanation of the reason and basis for the requested change, a complete statement of costs and benefits of the requested change and the text of the desired amendment to the Contract, which would provide for the change.

If the requested change is accepted and approved by DHS, the Contract shall be amended to provide for the change. No oral understanding or Contract term or condition not incorporated in writing into this Contract is binding on any of the parties. The party responsible for implementing the change shall make the change within fifteen (15) calendar days of acceptance or at another mutually agreed upon date.

Dispute Resolution Process

If the Contractor believes there is a dispute or grievance between Contractor and DHS, both parties shall follow the two-step procedure outlined below:

a) The Contractor should first discuss the problem informally with the DHS program contract manager. If the problem cannot be resolved at this stage, the Contractor must direct a written grievance, together with any evidence, to the program Department Representative. The grievance must state the issues in dispute, the legal authority or other basis for the Contractor's position and the remedy sought. The Department Representative must make a determination on the problem within ten (10) business days after receipt of the written communication from the Contractor. The Department Representative shall respond in writing to the Contractor indicating the decision and reasons therefore. Should the Contractor disagree with the Department Representative's decision, the Contractor may appeal to the second level.

b) The Contractor must prepare a letter indicating why the Department Representative's decision is unacceptable, attaching to it the Contractor's original statement of the dispute with supporting documents along with a copy of the Department Representative's response. This letter shall be sent to the Division Chief of the division in which the section is organized within ten (10) business days from receipt of the Department Representative's decision. The Division Chief or designee shall meet with the Contractor to review the issues raised. A written decision signed by the Division Chief or designee shall be returned to the Contractor within twenty (20) business days of receipt of the Contractor's letter.

c) Contractor shall continue with the responsibilities under this Contract during any dispute.

Audit and Inspection

Contractor agrees that DHS, the Department of General Services, the Bureau of State Audits, the State Controller's Office, or their designated representative(s) shall have the right to review and to copy any financial records and supporting documentation pertaining

to the performance of this Contract. Contractor agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated.
Contractor also agrees to allow the auditor(s), DHS employees (including, but not limited to, employees of the California Attorney General's Medi-Cal Fraud Unit, and to the Secretary of the United States Centers for Medicaid and Medicare Services) or any duly authorized representative to:

a) Enter or inspect on an announced or unannounced basis any building, premise, equipment, materials, records, or information at any reasonable time to secure compliance with, or prevent a violation of this Contract or the clinical laboratory laws or regulations adopted thereunder.

b) Inspect, photograph, or copy any records, reports, all pertinent financial books and all records concerning compliance with clinical laboratory laws or the provisions of health care services to Beneficiaries, test or examination results, test or examination specimens, or other information related to the requirements of this contract or the clinical laboratory laws or regulations adopted thereunder.

c) Secure any sample, photograph, or other evidence from any building or premise for the purpose of enforcing this Contract or the clinical laboratory laws or regulations adopted thereunder.

d) Interview any employees who might reasonably have information related to such records or compliance with the B&P Code (commencing with Section 1200 et seq.).

Contractor Costs

The Contractor shall be responsible for any and all costs to DHS associated with conducting a complaint investigation, imposition of sanctions, or conducting a hearing as required under Chapter 3, Division 2 of the B&P Code.

The Contractor, if located outside the State of California, shall reimburse DHS for travel and per diem to perform any necessary onsite inspections at the clinical laboratory in order to ensure compliance with the B&P Code and the terms of this Contract. This cost is in addition to the payment of regulation and license fees. (See B&P Code, section 1300(t)).

Background Checks and Fingerprinting

The State reserves the right to conduct a check on the Contractor and/or the Contractor's employees, laboratory director(s) and consultant(s), as the State deems necessary prior to the award or during the term of the Contract. The background check may include, but is not limited to, the following:

a. Onsite inspection

b. Review business records

c. Data searches

d. Fingerprinting of the Contractor and any employee, owner, or laboratory director and clearance by the State through the Department of Justice, Bureau of Criminal Identification and Information

Health Insurance Portability and Accountability Act (HIPAA)

a. Contractor will ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191, dated August 21, 1996), and any related regulations. The current implementation dates may be found at the Internet website at http//:aspe.os.dhhs.gov/admnsimp.

b. Contractor agrees that all medical records of Beneficiaries made or acquired by Contractor shall be confidential and shall not be released without the written consent of the Beneficiary or his/her personal representative, or as otherwise authorized by law.

Record Keeping and Retention

Contractor agrees to make, keep and maintain in a systematic and orderly manner, and have readily retrievable, such records as are necessary to fully disclose the type and extent of all services, provided to Beneficiaries, including, but not limited to, the records described in Section 51476 of Title 22, CCR, and the records described in Section 431.107 of Title 42 of the CFR. Contractor further agrees that such records shall be made at or near the time at which the services, are delivered or rendered, and that such records shall be retained by Contractor in the form in which they are regularly kept for a period of three years from the date the services were rendered.

Insurance

Contractor agrees to possess at the time the Contract is signed, and to maintain in good standing throughout the term of the Contract, workers compensation, liability and, if a licensed practitioner, professional liability insurance coverage from an authorized insurer. See Section 51200.01 of Title 22, California Code of Regulations (**Appendix 5**).

Contractor Fraud and Abuse

Contractor agrees that it shall not engage in or commit fraud or abuse. “Fraud” means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or herself or some other person. It includes any act that constitutes fraud under applicable federal or state law. “Abuse” means either: (1) practices that are inconsistent with sound fiscal or business practices and result in unnecessary cost to the Medicare program, the Medi-Cal program, another state’s Medicaid program, or other health care programs operated, or financed in whole or in part, by the federal government or any state or local agency in this state or any other state; (2) practices that are inconsistent with sound medical practices

and result in reimbursement by the Medi-Cal program or other health care programs operated, or financed in whole or in part, by the federal government or any state or local agency in this state or any other state, for services that are unnecessary or for substandard items or services that fail to meet professionally recognized standards for health care.

Contractor Fraud or Abuse Convictions and/or Civil Fraud or Abuse Liability

Contractor agrees that it and its officers, directors, employees, and agents, has not: (1) been convicted of any felony or misdemeanor involving fraud or abuse in any government program, within the last ten years; or (2) been convicted of any felony or misdemeanor involving the abuse of any patient; or (3) been convicted of any felony or misdemeanor substantially related to the qualifications, functions, or duties of a Medi-Cal provider; or (4) entered into a settlement in lieu of conviction for fraud or abuse, within the last ten years; or, (5) been found liable for fraud or abuse in any civil proceeding, within the last ten years. Contractor further acknowledges that DHS shall not enter into a Contract with Applicant if the Applicant, within the last ten years, has been convicted of any felony or misdemeanor involving fraud or abuse in any government program, has entered into a settlement in lieu of conviction for fraud or abuse, or has been found liable for fraud or abuse in any civil proceeding.

Changes to Contractor Information

Contractor agrees to notify DHS' Provider Enrollment Branch and the Clinical Laboratory and Durable Medical Equipment Contracting Unit, in writing on a form or forms to be specified by DHS within 35 days, of any changes to the information contained in its application, the Contract, and any attachments to any of these documents unless otherwise specified in this RFA.

Payment From Other Health Coverage Prerequisite to Claim Submission

Contractor agrees that it shall first seek to obtain payment for services provided to Beneficiaries from any private or public health insurance coverage to which the Beneficiary is entitled, where Contractor is aware of this coverage and to the extent the coverage extends to these services, prior to submitting a claim to DHS for the payment of any unpaid balance for these services. In the event that a claim submitted to a private or public health insurer has not been paid within 90 days of billing by Contractor, Contractor may submit a claim to DHS.

Beneficiary Billing

Contractor agrees that it shall not submit claims to or demand or otherwise collect reimbursement from a Beneficiary, or from other persons on behalf of the Beneficiary, for any service included in the Medi-Cal program's scope of benefits in addition to a claim submitted to the Medi-Cal program for that service, except to: (1) collect payments due under a contractual or legal entitlement pursuant to W&I Code, Section 14000(b); (2) bill

a long-term care patient for the amount of his/her liability; and, (3) collect a co-payment pursuant to W&I Code, Sections 14134 and 14134.1. Contractor further agrees that, in the event that a Beneficiary willfully refuses to provide current other health care coverage billing information as described in Section 50763(a)(5) of Title 22, CCR, Contractor may, upon giving the Beneficiary written notice of intent, bill the Beneficiary as a private pay patient.

Payment From Medi-Cal Program Shall Constitute Full Payment

Contractor agrees that payment received from DHS in accordance with Medi-Cal fee structures shall constitute payment in full, except that Contractor, after making a full refund to DHS of any Medi-Cal payments received for clinical laboratory tests or examinations may recover all of Contractor's fees to the extent that any other contractual entitlement, including, but not limited to, a private group or indemnification insurance program, is obligated to pay the charges for the clinical laboratory tests or examinations provided to the Beneficiary.

Return of Payment for Services Otherwise Covered by the Medi-Cal Program

Contractor agrees that any Beneficiary who has paid Contractor for clinical laboratory tests or examinations otherwise covered by the Medi-Cal program received by the Beneficiary shall be entitled to a prompt return from Contractor of any part of the payment which meets any of the following: (1) was rendered during any period prior to the receipt of the Beneficiary's Medi-Cal card, for which the card authorizes payment under W&I Code, Sections 14018 or 14019; (2) was reimbursed to Contractor by the Medi-Cal program, following audits and appeals to which Contractor is entitled; (3) is not payable by a third party under contractual or other legal entitlement; (4) was not used by the Beneficiary to satisfy his/her paid or obligated liability for health care services, goods, supplies, or merchandise, or to establish eligibility.

Prohibition of Rebate, Refund, or Discount

Contractor agrees that it shall not offer, give, furnish, or deliver any rebate, refund, commission preference, patronage dividend, discount, or any other gratuitous consideration, in connection with the rendering of health care services to any Beneficiary. Contractor further agrees that it shall not solicit, request, accept, or receive, any rebate, refund, commission preference, patronage dividend, discount, or any other gratuitous consideration, in connection with the rendering of health care services to any Beneficiary. Contractor further agrees that it will not take any other action or receive any other benefit prohibited by state or federal law.

Waiver

Any action or inaction by DHS or any failure of DHS on any occasion, to enforce any right or provision of the Contract, shall not be interpreted to be a waiver by DHS of its rights hereunder and shall not prevent DHS from enforcing such provision or right on any future

occasion. The rights and remedies of DHS herein are cumulative and are in addition to any other rights or remedies that DHS may have at law or in equity.

Legislative and Congressional Changes

Contractor agrees that this Contract is subject to any future additional restrictions, limitations, or conditions enacted by the California Legislature or the United States Congress which may affect the provisions, terms, conditions, or funding of the Contract in any manner.

Approval

This Contract is of no force or effect until signed by both parties and approved by DHS. Contractor may not commence performance until such approval has been obtained; however, the provision of Medi-Cal clinical laboratory tests or examinations to Beneficiaries under the existing fee-for-service structure shall continue as usual until the commencement of contracts under this RFA.

Contractor Capacity

Contractor agrees that Contractor, and the officers, directors, employees, and agents of Contractor, in the performance of the Contract, shall act in an independent capacity and not as officers or employees or agents of the State of California.

Indemnification

Contractor agrees to indemnify, defend, and save harmless the State of California, its officers, agents, and employees, from any and all claims and losses accruing or resulting to any and all persons, firms, or corporations furnishing or supplying services, materials, or supplies in connection with Contractor's performance of this Contract, and from any and all claims and losses accruing or resulting to any Beneficiary, or to any other person, firm, or corporation who may be injured or damaged by Contractor in the performance of this Contract.

Venue

Venue for all actions, including federal actions, concerning the Contract, lies in Sacramento County, California, or in any other county in which the California Department of Justice maintains an office.

Titles

The titles of the provisions of the Contract are for convenience and reference only and are not to be considered in interpreting the Contract.

Complete Integration

The Contract, including any attachments or documents incorporated herein by express

reference, is intended to be a complete integration and there are no prior or contemporaneous different or additional Contracts pertaining to the subject matter of this Contract.

Notice to Licensed Practitioners Regarding the Medi-Cal Program

The clinical laboratory is required to provide the following annual notice to all licensed practitioners ordering clinical laboratory tests or examinations on Medi-Cal beneficiaries:

Title 22, California Code of Regulations

Title 22 requires that any licensed practitioner who requests the performance of a clinical laboratory test or examination for a Medi-Cal beneficiary, or upon a biological specimen derived from a Medi-Cal beneficiary, shall provide with the request to the clinical laboratory diagnostic information relevant to the test or examination for which the request is made, including the latest International Classification of Diseases, 9th Revision, or the latest published editions or amendments thereto, Clinical Modification (ICD-9-CM) code numbers, to the highest level of specificity indicating medical necessity for all clinical laboratory tests or examinations as required under the Medicare program pursuant to 42, U.S.C., Section 1395u(p) and 42, Code of Federal Regulations, Section 424.32.

1. The clinical laboratory is required to contact the ordering licensed practitioner pursuant to Title 22 to obtain specific ICD-9 diagnosis codes for each test or examination ordered, as documentation of the medical necessity for the clinical laboratory tests and examinations, in the event such was not provided on the requisition.
2. The department of Health Services (DHS) may sanction a licensed practitioner who orders medically unnecessary clinical laboratory tests or examinations.
3. In order to prevent denial of payments, licensed practitioners should order Standard Organ or Disease Oriented Panels and/or other tests as defined by the Current Procedural Terminology when not all the clinical laboratory tests or examinations in the licensed practitioner's customized profile are medically necessary for an individual patient.
4. DHS may deny payments to the clinical laboratory for tests or examinations included in a customized profile if not all the clinical laboratory tests or examinations in the profile are medically necessary. DHS will only pay for clinical laboratory tests or examinations which are medically necessary for each beneficiary.
5. The licensed practitioner is responsible for submitting additional clinical information, upon request by the clinical laboratory, to support the medical necessity of each clinical laboratory test or examination ordered.
6. The clinical laboratory is required to notify the licensed practitioner of the Medi-Cal reimbursement amount that DHS pays for each clinical laboratory test or examination included in each customized profile.
7. The clinical laboratory, as required under the Clinical Laboratory Improvement Ammendments of 1988 (CLIA), has a clinical consultant available to assist the licensed practitioner in ensuring that appropriate clinical laboratory tests or examinations are ordered. The telephone number of the clinical consultant is:_____.
8. The licensed practitioner is responsible for follow-up of abnormal clinical laboratory test or examination results, including but not limited to, documentation in the medical record of the action taken.
9. The clinical laboratory is required to inform the licensed practitioner of the conditions under which each reflex and confirmatory test or examination will be performed.